



LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

**Fitmarc Workshop Informed Consent Form**

***Important - Please print, read, sign and bring to registration.***

**Warning:**

The workshop contains both practical and theoretical components and is designed for participants who are experienced in fitness classes, in good mental health, and physically fit. Individuals who are pregnant or with any physical or mental restriction, disability or predisposition to injury or sickness should consult their medical adviser before booking the workshop and should not participate if their health or ability to exercise is at risk.

**Release of claims:**

This document is a release of claims. By signing it you acknowledge the following:

1. You willingly participate in the workshop at your own risk
2. You have no physical or mental restrictions, disabilities or any predispositions to sickness or injury that may be aggravated or adversely affected as a result of your participation in the workshop.
3. You take full responsibility for any injury, loss or damage to your person/property that may arise directly or indirectly from your participation in the workshop.
4. You will not seek to penalize, prosecute or claim compensation from Fitmarc, its employees, contractors, sponsors, presenters, or other participants at the Initial Training, for any injury, loss, costs or damages occurring at, or arising from, your participation at workshop. You release Fitmarc, its employees, contractors, sponsors, presenters, or other participants at the workshop from any claim for injury, loss, costs or damages occurring at, or arising from, your participation at workshop.

**Videotaping and audio taping acknowledgement:**

Fitmarc may videotape or audiotape part or all of the workshop and it is possible that you will be filmed, photographed or recorded. By signing this release form you acknowledge and agree that:

1. Fitmarc may film, photograph or record you during the event.
2. You give Fitmarc an unrestricted, worldwide, royalty-free license to use your name, image and likeness in connection with the Programs and the advertising or promotion by Fitmarc or its nominee of any video, film or other media in which the Programs are used.

I \_\_\_\_\_ attest that I have read and agree to the above.  
(first name)

Full Name: \_\_\_\_\_ (print clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_