



**The WICT  
Network**  
Empowering Women  
in Media, Entertainment and Technology



## EMERGENCY CONTACT FORM

If a medical situation or other emergency occurs during a BMLI event, it is very important that we maintain the name(s) of person(s) you would want to be contacted.

Please complete the information below.

**Event Participant Name:**

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**Participant Mobile:**

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**Date of Birth:**

(Month)

(Date)

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**Emergency Contact Name:**

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Relationship:

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Phone:

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Mobile:

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**Secondary Contact Name:**

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Relationship:

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Phone:

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Mobile:

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### Special Medical or Dietary Requests

Please note below if you have an ADA request, dietary need or allergy, and/or require a special accommodation for any medical conditions.

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**Please return this form to:**

E-mail: [events@wict.org](mailto:events@wict.org)

Phone: 202-827-4794

## **INFORMED CONSENT FOR EXERCISE PARTICIPATION**

I, \_\_\_\_\_, a participant of The WICT Network's BMLI program, recognize that my participation in any fitness activity associated with BMLI is completely voluntary. I further recognize that BMLI may involve optional strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that I am in good physical condition and do not suffer from a disability or condition which would prevent or limit my participation in an exercise program. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent prior to beginning this fitness program, I hereby agree that I am doing so solely at my own risk. I understand that it is my sole responsibility to participate or not in exercises that are appropriate for the current status of my health. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I understand that BMLI is not medically supervised, and exercise activities are led by independent fitness instructors or other program participants who are not employees or agents of The WICT Network. I agree not to hold The WICT Network or its vendors and partners responsible for the actions or omissions of the independent instructors or other program participants. I understand that any exercise or fitness activity involves a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation in this program, I hereby waive, release and discharge The WICT Network, its elected and appointed officials, employees, agents, and volunteers for my death, disability or personal injury, or actions of any kind as a result of my voluntary participation.

## **AGREEMENT AND WAIVER / RELEASE OF LIABILITY**

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors to indemnify and hold harmless The WICT Network, its elected and appointed officials, employees, agents, and volunteers, from any and all liabilities or claims made by myself, other individuals or entities as a result of or relating to my participation in this activity.

I acknowledge that I have read this form in its entirety and fully understand it. I understand that it contains a release of liability. By signing this document, I am waiving certain rights that I or my successors might have to bring a legal action or assert a claim.

As a condition of being allowed to participate in any fitness activity associated with The WICT Network, I have freely signed this waiver on the date indicated.

Participant Name: \_\_\_\_\_ BMLI Class #: \_\_\_\_\_

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