

Fit For 2 Pregnancy/Post-partum EXERCISE CLASS PARTICIPANT Health History and WAIVER FORM

I, _____ (participant's printed name), agree and consent to the following:

I am voluntarily enrolling in ProRehab's Fit For 2 pregnancy/postpartum exercise class hosted at 415 Crosslake Drive, Evansville, IN 47715, USA, conducted by licensed physical therapists employed by ProRehab-PC. I understand that the class will involve moderate physical activity, including (but not limited to) muscular resistance and strengthening, endurance training, cardiovascular conditioning, and stretching. I attest that I am in good physical condition and am not aware of any disability or condition that would prevent or limit my participation in this class. I understand that if at any time I develop a disability or condition that would affect my participation in the class, I will disclose this information to the class instructor or voluntarily remove myself from participation.

I, my heirs or legal representatives forever release ProRehab-PC and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment. I am fully aware of the risk and hazards involved and understand that I may injure myself as a result of participation in this exercise class. I assume full responsibility and hereby release ProRehab-PC and its agents from any liability now or in the future for conditions that I may obtain. Such conditions may include, but are not limited to, heart attacks, strokes, abnormal breathing, abnormal blood pressure, fainting, irregular heartbeats, muscle strains, muscle pulls, muscle tears, joint sprains/strains in neck, back, shoulders, elbows, wrists, hips, knees, ankles, and feet, broken bones, heat illness, muscle soreness, or death.

I understand it is my responsibility to consult with a physician for medical clearance prior to and regarding my participation in this exercise class and other physical activities associated with ProRehab-PC.

I hereby affirm that I have read this waiver in its entirety and understand the above statements. I voluntarily agree to the terms and conditions stated above.

_____ (participant signature)

_____ (participant printed name) _____ (date)

PREGNANT _____ (Physician's note is required to participate.)

How many weeks? _____ Due Date _____

Physician's name _____ Phone number _____

Where do you plan to deliver? _____

Did you exercise regularly before you became pregnant? Yes _____ No _____

If yes, what did you do? _____

OR

POST-PARTUM _____ (Physician's note is required if you are less than 8 weeks post-partum.)

How many weeks? _____

Type of delivery? Vaginal _____ Cesarean _____

Any complications with your pregnancy or delivery? Yes _____ No _____

If yes, please explain. _____

Did you exercise while you were pregnant? Yes _____ No _____

If yes, what did you do? _____