

**Health and Fitness Liability Waiver/Informed Consent Form**

**Name:** \_\_\_\_\_

**PRENATAL PARTICIPANTS**

Due date: \_\_\_\_\_

Doctor/Midwife's name: \_\_\_\_\_

Are you planning: Home birth  or Hospital Birth  which hospital?  
\_\_\_\_\_

Do you have a Doula? Yes / No

If YES Doula's Name & Contact Info: \_\_\_\_\_

Are you currently seeing a Pelvic Floor Physiotherapist? Yes / No

If YES name and practice: \_\_\_\_\_

Reason for seeing PFP: \_\_\_\_\_

What regular exercise did you do before your pregnancy?  
\_\_\_\_\_

What other activities are you currently doing?  
\_\_\_\_\_

What other activities are you interested in doing?  
\_\_\_\_\_

**POSTPARTUM PARTICIPANTS**

Baby's Name, Age & Date of Birth:  
\_\_\_\_\_

How many Pregnancies (including still births) have you had? \_\_\_\_\_

Brief birth experience description:  
\_\_\_\_\_

Any problems since the delivery?  
\_\_\_\_\_

Are you currently seeing a Pelvic Floor Physiotherapist: Yes / No

If YES name and practice: \_\_\_\_\_

Have you been diagnosed with a core dysfunction such as Diastasis Recti, Prolapse, Incontinence, other? \_\_\_\_\_ Yes / No

If YES please briefly explain: \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, have enrolled in a physical activity program, offered through **FamilyLife Fitness**.

I understand these fitness programs are designed to help maintain and/or increase general fitness levels during and after pregnancy. Under normal circumstances, none of the exercises in these programs should cause any difficulty to you (or your baby's) health. I, \_\_\_\_\_, have notified my doctor/midwife of my decision to exercise. I take full responsibility for myself (and my baby) while attending FamilyLife Fitness Classes. I will not hold FamilyLife Fitness, responsible for my well-being (or my baby's wellbeing) during or after these classes. I hereby and forever discharge FamilyLife Fitness their authorized agents, and representatives from any and all actions, causes of action, claims, damages, loss of injury of every nature or kind, however arising, which I (or my baby) have ever had, now have or may hereafter have a result of participation in this program.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

Can we use you and your baby's pictures / video taken in class for social media and marketing?

YES / NO Signature: \_\_\_\_\_

***How did you hear about FamilyLife Fitness?***

\_\_\_\_\_