

THE RETREAT AT PONTE VEDRA BEACH

THE GROVE at THE RETREAT AT PONTE VEDRA BEACH
Pre/Post-Natal Fitness Class Health History Form and Waiver

Name: \_\_\_\_\_ Baby's Name: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have ANY current OR past Injuries/Medical Conditions?

\*\* Complete the information below as it applies to you. If you are pregnant or less than 8 weeks postpartum, please talk with your doctor about the fitness class you are enrolled in. Please provide a note from your doctor to your fitness instructor BEFORE beginning your exercise class if applicable.

Table with 3 columns: Do you have any of the following, Yes, No. Rows include Heart problems, High blood pressure, Lung problems, Diabetes, Seizures, Dizziness, High blood cholesterol, Difficulty exercising, Muscle, joint or back disorders, Chronic illness, Advised by physician not to exercise, Overweight, more than 20 pounds, Surgery within the last 3 months, Family History of heart problems.

PREGNANT: Yes/ No If Yes, How many weeks? \_\_\_\_\_ Due Date \_\_\_\_\_
(Physician's note is required to participate.)

Where do you plan to deliver? \_\_\_\_\_

Did you exercise regularly before you became pregnant? Yes /No
If yes, what did you do? \_\_\_\_\_

POSTPARTUM: Yes / No If Yes, How many weeks? \_\_\_\_\_
(Physician's note is required if you are less than 8 weeks postpartum.)

Type of delivery? Vaginal/C-section/VBAC

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? \_\_\_\_\_

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## WAIVER, RELEASE AND INDEMNITY AGREEMENT

1. I understand that participation in any exercise program, while pregnant or immediately following a pregnancy, may increase the risk of injury to myself and, if applicable, to my unborn child. I represent to The Retreat and The Grove at Ponte Vedra Beach that I have consulted with my physician regarding my participation. My physician has informed me of the risks that I may encounter and has given me permission to participate in this pre/post-natal exercise program. I understand that I would not be accepted in this program if participation was against my physician's orders.
2. I understand that the level of my participation in the exercise program and which exercises to perform must be determined by me, in consultation with my physician, and that The Retreat and The Grove at Ponte Vedra Beach and the instructor are not responsible for the intensity of my participation.
3. I understand that the instructor is not a physician, nurse, or emergency medical technician, and that the instructor and The Retreat at Ponte Vedra Beach, by making the exercise program available, are not undertaking any responsibility regarding my medical condition(s). If my medical condition should change (e.g. pain, bleeding, discharge or cramps), I will discontinue the exercise program and will immediately consult with my physician about continuing or resuming participation in this or any exercise program.
4. I hereby personally assume any and all risks associated with participating in this exercise program.
5. I hereby release, indemnify, and hold harmless The Grove at The Retreat at Ponte Vedra Beach, its respective managers, parents, subsidiaries, affiliates, agents and the instructors of the exercise program I have chosen to attend, from any and all claims, demands, personal injuries, costs, or expense, (including attorney's fees) arising from or relating in any way to my or my child's participation in the pre/post-natal exercise program.
6. Should a provision of this agreement or portion thereof be found invalid or void as against public policy by any court of competent jurisdiction, the remainder of this agreement shall nonetheless remain in full force and effect.
7. I acknowledge that I have read and understand this Waiver, Release and Indemnity Agreement and have been given the opportunity to ask any questions and have received and understand all of the information which was provided.

In witness whereof, I have signed this Waiver, Release and Indemnity Agreement.

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Your Physician Approval Form must be signed by your physician *prior* to the first class.\*\***

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date of Provider Letter on file: \_\_\_\_\_ Instructor Initial: \_\_\_\_\_

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Approval Form for Pre and Postnatal Physical Fitness Activities

Dear Doctor:

Your patient, \_\_\_\_\_, wishes to start a personalized prenatal/postnatal (circle one) exercise-fitness program tailored to healthy pregnant women. The program includes fitness classes of barre, pilates, and yoga.

Please evaluate your patient and inform her of any restrictions you may recommend. Your initial approval will be in effect for the duration of your patient's pregnancy. *If a health status change occurs*, please advise patient that a re-evaluation is needed.

A new approval form will be required for women continuing in fitness classes less than 8 weeks postpartum. Please indicate below your approval of your patient's participation in the prenatal/postnatal (circle one) exercise classes:

My patient may participate without any restrictions:      YES    or    NO      (circle one)

My patient may proceed with the following restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your patient is taking medications that will affect her heart rate response to exercise, please indicate the medication and the manner or the effect (raises, lowers or has no effect) on the heart rate response.

Medication(s): \_\_\_\_\_

Anticipated Cardiac Response: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name *Please Print* \_\_\_\_\_

Office Phone \_\_\_\_\_

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