



Pre/Post-Natal Fitness Class Health History Form and Waiver

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Mother's Name

Baby's Name

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Class and/or Instructor

Date

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Emergency Contact Name

Relationship

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Cell Phone

Home Phone

**** 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.**

Do you have :

Yes

No

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 that 20 pounds	_____	_____
Surgery within the last 3 months	_____	_____
Family History of heart problems	_____	_____



The Grove at The Retreat at Ponte Vedra Beach
PRE/POST NATAL FITNESS

COMPLETE IF CURRENTLY PREGNANT (Doctor note is required to participate.)

How many weeks? _____ Due Date _____ Pregnancy # _____

OB/GYN Provider name _____ Practice _____

Phone _____

Where do you plan to deliver? _____

Did you exercise regularly before you became pregnant (circle one)? Yes No

If yes, what did you do? _____

POSTPARTUM (Doctor's note is required if you are less than 8 weeks postpartum.)

Circle one: Yes No If Yes, How many weeks? _____

Type of delivery (circle one)? Vaginal C-section VBAC

Any complications with your pregnancy or delivery (circle one)? Yes No

If yes, explain? _____

Did you exercise while you were pregnant (circle one)? Yes No

If yes, what did you do?

This space is intentionally left blank.



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 Doctor Approval Form must be signed by your provider prior to participating in your first class.****



Doctor Approval Form for Pre and Postnatal Patients

Dear Doctor:

Your patient, _____(name), _____(date of birth), wishes to start a personalized prenatal exercise-fitness program tailored to healthy pregnant women. The program includes 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 health changes occur, please advise patient that a re-evaluation is needed. Please indicate below your approval of your patient's participation in the prenatal exercise class:

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

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:	Effects:	Instructions:

Provider Signature

Date

Provider Name (please print)

Phone Number

Practice Name