

**Fit Empowered Pregnancy**  
**Health and Fitness Waiver/Informed consent**

Full Name (please print):.....

Full Postal Address:.....

.....

Contact Telephone number inc. area code:.....

Instagram Social Media Tag:.....

Emergency contact: (please include full name, relationship and contact telephone number)

.....

Doctor/ Midwife/ Obstetrician information: (please include full name, address, and contact telephone number)

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.....

**Health related questions: (If marking yes to any questions please include more detail in the space provided)**

1. Has your doctor ever said that you have a heart condition? Y / N
2. Do you have pains in your chest when performing physical activity? Y / N
3. Have you had chest pain in the past three months when not doing physical activity? Y / N
4. Do you lose your balance due to dizziness, or ever lose consciousness? Y / N
5. Is there a history of coronary disease in your immediate family? Y / N
6. Do you suffer from high or low blood pressure or high or low cholesterol? Y / N
7. Is your daily routine active or sedentary? .....
8. Are you pregnant now or have you given birth within the last 6 months? Y / N
9. Have you had surgery recently? Y / N
10. Do you have any bone or joint problems that may stop you from exercising safely and effectively? Y / N

**If you have marked yes to any of the questions above OR if there is any other reason that may stop you exercising safely and effectively please write below in the space provided:**

I (insert name here)..... have enrolled in a program offered through Fit Empowered Pregnancy. I recognize that the program may involve 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 any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by Fit Empowered Pregnancy. I understand that there may be video footage of me whilst or photographs of myself whilst doing my program, and they may be used on Fit Empowered Pregnancy website and/or Social Media Sites such as Facebook and Instagram and I will contact Fit Empowered Pregnancy via written warning through email should I not want my images being used. In consideration of my participation in this program, I fully understand that I may injure myself as a result of enrollment and subsequent participation in this program and I hereby release Fit Empowered Pregnancy and its agents from any liability, from any claims, demands, and causes of action now or in the future for conditions that I may obtain as a result of my voluntary participation and enrollment. These conditions may include, but are not limited to heart attacks, strokes, muscles strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees or other joints of the body, injuries to the back, injuries to a foot, heat prostration, or any other illness or soreness that I may incur, including death.

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE STATEMENTS AND ALL INFORMATION THAT I HAVE PUT DOWN IS CORRECT.**

Participant Full Name:

Participant Signature:

Date: