



Consent Form For Perinatal Fitness Program

PARTICIPANT SECTION

I request enrollment in the Babysteps Perinatal Fitness Program. I certify that I have given my treating physician the written information about this program, have discussed its risks and benefits with this physician, and have obtained the approval of my treating physician to participate. I agree to keep my physician informed of the effects of this program on my body and to obtain approval to continue participation at each scheduled check-up appointment. I understand that without the permission of my treating physician, I will not be able to enroll or continue with this program. I also understand that I can withdraw from the program at any time (refund policies apply).

During the program I agree to limit my activity to that level which is comfortable for me and to stop all activity if I feel uncomfortable. I will notify the exercise specialist and my physician if the recommended activities cause any discomfort. I understand that all forms of exercise involve some risk of injury.

.....
signature of participant date

.....
participant name (please print)

TREATING PHYSICIAN SECTION

I have reviewed the information on the maternity, fitness program entitled Babysteps: Perinatal Fitness. I have discussed the benefits and risks of such participation with my patient and have assessed her ability to safely perform the exercises involved. I approve of my patients participation in this program and will reassess this approval at each scheduled check-up appointment.

gestational week as of this date:

.....
signature of treating physician date

.....
print name

.....
office telephone #