



Paul H. Broyhill  
Wellness Center

## Perinatal Exercise Classes Waiver and Release Form

In consideration of gaining admission to or being allowed to participate in the activities and programs of The Wellness Center, a life-enhancing service of Watauga Medical Center, and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge The Wellness Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or the prenatal programs, or my use of the equipment or machinery in the Wellness Center or arising out of my participation in any activities at The Wellness Center.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree expressly to assume and accept any and all risks or death for me and my fetus/child.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of The Wellness Center, or use of its equipment or machinery. I acknowledge that I have had a physical examination and have been given permission to participate in the program and use of equipment at The Wellness Center.

1. I have consulted my physician relative to my participation in the perinatal classes at The Wellness Center. I have been informed by him/her permission to participate in the program.
2. I agree to limit my participation in the program to that level of activity which is comfortable to my physical situation at this time.
3. I understand that I would not be accepted into the perinatal exercise classes without the execution of this waiver and release.
4. I acknowledge that I have read and understand this waiver and release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## Pre/Postnatal Health/Medial History & General Information

Congratulations and welcome to our prenatal and postpartum exercise classes at The Wellness Center of Watauga Medical Center. Please complete the following information for us to plan the best program to meet your needs.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Due Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Number and ages of children at home: \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

### For Postpartum only:

Date of delivery: \_\_\_\_\_ Type of delivery: \_\_\_\_\_

Did you have an episiotomy? \_\_\_\_\_ Are you breastfeeding? \_\_\_\_\_

Are you getting up at night? \_\_\_\_\_ Napping during the day? \_\_\_\_\_

Do you own a cat? \_\_\_\_\_

Dirty cat litter can cause an infection in pregnant women that may lead to birth defects. When you are pregnant, let someone else take care of the kitty litter.

Do you use tobacco products? \_\_\_\_\_

Certain tobacco products can cause problems for unborn babies. Even working in a smoke filled room may cause problems. Try to give up smoking or use of tobacco products. There are currently many types of smoking cessation programs available to you.

Do you drink alcoholic beverages? \_\_\_\_\_

There is no safe level of alcohol consumption during pregnancy. If you drink, now it is the time to give it up. Again, programs are available to assist you.



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**Medical Referral Form**

Permission to participate in the Prenatal/Postpartum Exercise Classes at the Wellness Center of Watauga Medical Center.

Patient Name: \_\_\_\_\_

Special Needs/Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature certifies that I have examined this patient and she is physically and mentally able to participate in the prenatal/postpartum exercise classes at the Paul H. Broyhill Wellness Center.

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

Physician's Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

**Please check one**

Prenatal Due Date

Postpartum delivery date