

## Healthy Bellies

### Informed Consent

**Notice: This Agreement is a contract with legal consequences. Read it carefully before signing!**

I, \_\_\_\_\_, desire to engage voluntarily in the Healthy Bellies exercise program, which is designed to strengthen and tone muscles needed for pregnancy, birth and the postpartum period. In addition to muscular strength and endurance training, cardiorespiratory and flexibility segments will be included as well as relaxation exercises. The levels of exercise that I will perform will be appropriate for my existing fitness level and tailored to accommodate the changes that accompany pregnancy. I will be carefully instructed during the group exercise sessions and monitored throughout.

The reaction of the cardiovascular and muscular systems to such activity cannot always be predicted with complete accuracy. I fully realize the risks of participating in this activity and voluntarily assume all risks of participation. It is my understanding, and I have been informed, that there exists the possibility during exercise of adverse changes including abnormal blood pressure; fainting; disorders of heart rhythm; and very rare instances of heart attack, stroke, or even death. I am also aware that having any of the following medical or obstetric complications would be considered **absolute contraindications to exercise during pregnancy** : Hemodynamically significant heart disease, restrictive lung disease, pregnancy-induced hypertension, multiple gestation at risk of premature labor, preterm rupture of membranes, preterm labor (during prior or current pregnancy), incompetent cervix, persistent second or third trimester bleeding and/or placenta previa. Should I experience any bleeding, extreme shortness of breath, premature labor, dizziness, severe abdominal pain, unusual fatigue, headache, chest pain, muscle weakness, calf pain or swelling, decreased fetal movement or amniotic fluid leakage, I will stop exercise immediately and contact my healthcare provider.

I have been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that it is my obligation to seek instruction regarding signs and symptoms of such abnormalities, and to immediately report such signs and symptoms to the TUWC staff. In the event of an abnormality or emergency, treatment will be provided as necessary, which may include transfer to the emergency department of a nearby hospital.

I have been informed that the information obtained from this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for educational and statistical purposes as long as it does not identify my person or provide facts that could lead to my identification. Any information obtained, however, will be used by the TUWC staff in the course of prescribing prenatal/postnatal exercise for me, or advising my personal physician of my progress.

**I understand and expressly assume all the risks and dangers of the activities contemplated by this Agreement, and I hereby release, waive, discharge, and covenant not to sue Towson University, the University System of Maryland, the State of Maryland, and their officers, agents, servants, and employees (collectively, the "Releasees") from all liability, claims, demands, actions, or causes of action whatsoever arising out of any damages, loss, or injury to me or to my property while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Releasees or for any other cause. I also hereby release, waive, discharge and covenant not to sue the Releasees from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the above activity. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorneys' fees, that they may incur due to my participation in said activities, whether caused by the negligence of Releasees or otherwise.**

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign such agreements or releases shall in no way affect the validity of this Agreement, nor revoke or cancel any of the terms of this Agreement. I or any of my successors shall be liable for the expenses (including legal fees) incurred by the party or parties in defending against such claim or suit. This Agreement shall not be modified orally.

**I have carefully read this form and fully understand its contents. I am aware that this is a release of liability, a waiver of claims, an agreement not to sue, an indemnity, and a contract between myself and Towson University and for the benefit of others described herein, I sign it of my own free will.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TUWC Staff Signature

\_\_\_\_\_  
Date