

Perinatal Waiver and Release Form For the Pregnant Participant

In consideration of my participating in the Perinatal Fitness Program (hereinafter referred to as the "Program") offered by LifeCenter on the Green, Inc., d/b/a Galter LifeCenter (hereinafter referred to as "Galter LifeCenter"), I hereby RELEASE, WAIVE AND FOREVER DISCHARGE, ON BEHALF OF MYSELF, MY PARTNER, MY UNBORN CHILD OR CHILDREN, my legal representatives, heirs, executors, administrators and assigns and any person claiming through or under me, GALTER LIFECENTER, SWEDISH COVENANT HOSPITAL, their affiliates, directors or trustees, officers, employees, personnel, volunteers and any of their instructors (hereinafter collectively referred to as "Releasees"), OF AND FROM ANY AND ALL PRESENT AND FUTURE ACTIONS OR CAUSES OF ACTION, WHETHER LEGAL OR IN EQUITY, CLAIMS, DEMANDS AND/OR DAMAGES ARISING FROM OR BY REASON OF ANY BODILY INJURY OR ANY AND ALL KNOWN AND UNKNOWN PERSONAL INJURIES, DEATH, LOSS, THEFT OF PERSONAL PROPERTY OR PROPERTY DAMAGE WHICH MAY OCCUR AS A RESULT OF MY PARTICIPATION IN THE PROGRAM, WHETHER RESULTING FROM THE NEGLIGENCE OF THE RELEASEES OR NOT.

I further agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, liabilities and costs (including reasonable attorneys' fees and court costs) brought or commenced by any person or entity for the recovery of damages for the injury, illness and/or death of any person or damage to property arising out of my negligent acts or omissions or the negligent acts or omissions of my partner.

Further, I acknowledge the following:

1. I have consulted my physician relative to my participation in the Program; have been informed by my physician as to the risks, if any, I may encounter by my participation in the Program and have obtained the permission of my physician 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 any given time, as determined in my sole discretion. I may change my level of participation in the Program at any time and from time to time, in order to keep my activity comfortable to my physical situation.

I further release the Releasees from any claim whatsoever on account of first aid treatment, emergency medical services or other services rendered to me or my unborn child or children during my participation in the Program.

I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have carefully read and fully understand this waiver and release. I further state that I freely and voluntarily sign this waiver and release and fully understand that by signing this waiver and release, I am giving up legal remedies, which may be available to me.

Signature _____

Date _____

Printed Name _____

Witness _____

**Perinatal Waiver and Release Form
For the Partner of the Pregnant Participant**

In consideration of my partner's participating in the Perinatal Fitness Program (hereinafter referred to as the "Program") offered by LifeCenter on the Green, Inc., d/b/a Galter LifeCenter (hereinafter referred to as "Galter LifeCenter"), I hereby RELEASE, WAIVE AND FOREVER DISCHARGE, ON BEHALF OF MYSELF, MY PARTNER, MY UNBORN CHILD OR CHILDREN, my legal representatives, heirs, executors, administrators and assigns and any person claiming through or under me, GALTER LIFECENTER, SWEDISH COVENANT HOSPITAL, their affiliates, directors or trustees, officers, employees, personnel, volunteers and any of their instructors (hereinafter collectively referred to as "Releasees"), OF AND FROM ANY AND ALL PRESENT AND FUTURE ACTIONS OR CAUSES OF ACTION, WHETHER LEGAL OR IN EQUITY, CLAIMS, DEMANDS AND/OR DAMAGES ARISING FROM OR BY REASON OF ANY BODILY INJURY OR ANY AND ALL KNOWN AND UNKNOWN PERSONAL INJURIES, DEATH, LOSS, THEFT OF PERSONAL PROPERTY OR PROPERTY DAMAGE WHICH MAY OCCUR AS A RESULT OF MY PARTNER'S PARTICIPATION IN THE PROGRAM, WHETHER RESULTING FROM THE NEGLIGENCE OF THE RELEASEES OR NOT.

I further agree to indemnify and hold harmless the Releasees from and against all claims, demands, lawsuits, liabilities and costs (including reasonable attorneys' fees and court costs) brought or commenced by any person or entity for the recovery of damages for the injury, illness and/or death of any person or damage to property arising out of my negligent acts or omissions or the negligent acts or omissions of my partner.

Further, I acknowledge the following:

1. My partner has informed me of any risks made known to her by her physician which may arise out of her participation in the Program.
2. My partner's level of participation in the Program shall be solely determined by my partner. My partner may change her level of participation in the Program at any time and from time to time, in her sole discretion.

I further release the Releasees from any claim whatsoever on account of first aid treatment, emergency medical services or other services rendered to my Partner and/or my unborn child or children during the participation of my Partner in the Program.

I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have carefully read and fully understand this waiver and release. I further state that I freely and voluntarily sign this waiver and release and fully understand that by signing this waiver and release, I am giving up legal remedies, which may be available to me.

Signature _____

Date _____

Printed Name _____

Witness _____