

BIRTH & BEYOND BY Q: CHILDBIRTH EDUCATION CLASS

Disclaimer

The primary purpose of this series is to increase awareness and knowledge of standard and common childbirth practices so that parents may make educated and informed decisions regarding their childbirth experience.

By choosing to participate in this series you certify that you are in good health. Information you possess about your health status or previous experiences of perinatal and/or childbirth trauma such may affect the outcomes of your individual experience with childbirth. Any personal concerns should be promptly reported to your provider.

In consideration of your participation in this series, you hereby agree to assume all risks and consequences of your own childbirth experience. You also understand that all information and resources given in this series are intended to be used for educational purposes only and are not designed to replace the care or advice of your medical provider. If you have a known pathological urological, gynecological, colorectal, gastrointestinal and/or musculoskeletal condition, fall into certain high risk categories, and/or if any part of the series reproduces any known symptoms related to said known condition(s), you should promptly consult with a physician and obtain their approval prior to engaging in any further activities within this series. Neither Women's Advantage, Inc. nor the instructor are liable for any adverse consequences resulting from your participation in this series, and neither entity or its staff are responsible for ensuring that you have consulted with your provider regarding any recommendations you may receive as a result of your participation and your provider will not be in any event contacted on your behalf. You hereby release the program and all of its personnel and agents from any and all damages and claims caused by or resulting from your participation in this series. This release shall also be binding upon your heirs, executors, and administrators.

You acknowledge that you have read this document in its entirety (or that it has been read to you), and that you understand and agree to the above. If you are under age 18, you agree not participate in this series without the written consent of your parent or legal guardian. Your consent to participate in this series is given voluntarily and extends to all screening personnel, including volunteers. You understand that you are free to leave the series at any point, if you so desire. You also fully understand the attendant risks and discomforts, and have had an opportunity to ask questions that have been answered to your satisfaction.

PARTICIPANT'S NAME (PRINT)

PARTICIPANT'S SIGNATURE

DATE