



Pregnancy Waiver Form

Please read the below carefully before signing:

I am confirming that I am pregnant. I acknowledge that the use of or the participation in Smash Therapy LLC activities may place unusual stress on my body and may pose a risk or worse to my pregnancy and/or unborn child/children. I have consulted with my medical practioner, midwife or the like to participate in Smash Therapy.

Despite the warnings outlined in the standard Smash Therapy participant waiver advising pregnant women not to participate, I am a willing participant.

- I have written approval from my medical practioner giving direct consent to participate in Smash Therapy activities.
- I do not have written approval from my medical practioner giving direct consent to participate in Smash Therapy activities.

By signing this form, you are acknowledging that you have read this form along with Smash Therapy's waiver and you are a willing participant.

X _____
Participant Signature

Date

X _____
Witness Signature

Date