

Appendix A

Prenatal Form and Prenatal Policy

PRENATAL CONSENT FORM

I request enrolment in exercise classes at Reform Athletica Holding Limited and all of its subsidiaries, including but not limited to the successors, assignees, employees, officers, directors, agents, contractors and shareholders.

I certify that I have given my treating physician the written information about this class and have obtained the approval of my treating physician to participate.

I understand that I will not be able to enrol or to continue in this class without the prior written permission of my treating physician.

I agree to keep my physician informed of the effects of this class on my body and to consult him/her whenever necessary.

I further understand that there is no requirement to perform all the class exercises and that I can withdraw from this class at any time.

During class, I agree to limit my activity to that which is comfortable for me and to stop all activity immediately if I feel uncomfortable. Upon experiencing any discomfort at any time either during or after class, I will immediately contact my treating physician to inform him/her and seek medical advice.

I understand that all forms of exercise involve some risk of injury. I accept complete sole responsibility for my health and wellbeing in this voluntary program.

In consideration of my participation in Reform Athletica classes at Reform Athletica Holding Limited and all of its subsidiaries, including but not limited to the successors, assignees, employees, officers, directors, agents, contractors and shareholders, I, for myself, my heirs and assigns, hereby release and discharge Reform Athletica Holding Limited and all of its subsidiaries, including but not limited to the successors, assignees, employees, officers, directors, agents, contractors and shareholders from any and all liability now or in the future except insofar as permitted by law.

This release includes, but is not limited to, heart attacks, muscle strains, fractures, shin

EMPLOYEE'S FIRST REPORT OF INJURY FORM

INSTRUCTIONS Employees shall report all work-related accidents, injuries, illnesses - or unplanned events which could have resulted in an injury or illness - using this form. Once completed, this form shall be given to a manager for next steps.

I AM REPORTING A WORK RELATED:	INJURY	ILLNESS	NEAR MISS		
YOUR NAME	SUPERVISOR NAME		DATE OF REPORT		
JOB TITLE	Has your supervisor been made aware of this incident?				
LOCATION OF INCIDENT	DATE OF INCIDENT	TIME			
WITNESSES if any					
INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. Attach additional pages as necessary.					
What could have been done to prevent this injury / near miss?					
What parts of your body were injured? If a near miss, how could you have been hurt?					
Was medical treatment necessary?		IF YES, NAME OF HOSPITAL / PHYSICIAN:			
YES	NO				
DATE OF VISIT	TIME OF VISIT	HOSPITAL / PHYSICIAN PHONE			
Has this part of your body been injured before?		YES	NO	If YES, when?	
Do you have other employment?		YES	NO	Company Name	
EMPLOYEE SIGNATURE		DATE	SUPERVISOR SIGNATURE		DATE

splints, musculoskeletal injuries, heat prostration, or any injury to myself, and my unborn child unless caused by the negligence of Reform Athletica Holding Limited.

Save as otherwise stated, I hereby knowingly and voluntarily waive any and all claims against Reform Athletica Holding Limited. and its staff, agents and/or officers.

Information regarding my health status will be treated as confidential and will not be released to any person other than program staff without consent.

Printed Name of Participant

Signature of Participant

Date

PHYSICIAN CERTIFICATION

I approve of my patient's participation in this class. The health status of this patient will permit her to participate in the program subject to restrictions listed below.

List any exercises or precautions that this patient should not perform:

Name of Treating Physician

Signature of Treating Physician

Date

Telephone

Prenatal Policy

Congratulations on Your Pregnancy!

At Reform Athletica, we are thrilled to be part of your journey to motherhood and are here to support you every step of the way. Your health and the health of your baby are our top priorities, which is why we have specific guidelines in place to ensure you receive the safest and most effective workouts during this special time.

Please note the following guidelines for pregnant clients:

- **Sculpt & Burn & Yoga Classes:** These classes are safe and effective for pregnancy and can be attended at any stage of your pregnancy without the need for a Personal Training (PT) session.
- **First-Time Clients:** If this is your first time attending any of our other methods and you are pregnant, a PT session is required before participating in group classes. This session allows the instructor to assess your fitness level, discuss any necessary modifications, and ensure you're comfortable with the exercises. The instructor will also determine if it's safe for you to join group classes based on their assessment.
- **Existing Clients:** If you're already a regular participant in our RA classes, at least one PT session is required to review all modifications and ensure you can continue attending group classes safely and effectively throughout your pregnancy.
- **Ongoing Support:** We recommend continuing PT sessions with the same trainer at least once a week throughout your pregnancy. Regular sessions will allow us to monitor your progress and make any necessary adjustments to your routine to support your changing body and ensure the safety of both you and your baby.

Thank you for trusting us to be part of this exciting time in your life. We are here to help you stay strong, active, and healthy during your pregnancy!