

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL
HEALTHY PREGNANCY HEALTHY BABIES PROGRAM**

INFORMED AGREEMENT/CONSENT

Please read agreement and check YES or NO.

I agree to fully engage and complete at least 75% of the To-Do List and follow-up telephonic education calls for the time of my pregnancy to help me achieve a healthy pregnancy and to be eligible for the cash incentive. Yes No

I understand that it is my responsibility to schedule, cancel and/or reschedule my appointments with my health care provider. Yes No

I am participating in a program that depends on my willingness and readiness to change my lifestyle behaviors to order to achieve a healthy pregnancy. Yes No

I fully release from liability and waive all legal claims against The School District of Osceola County, FL and all of its subsidiaries including but not limited to *Live Life Well* and all employees for any and all claims that are in any way connected with my participation in the Healthy Pregnancy Healthy Babies Program. Yes No

I understand that the information provided on My To-Do List will be subject to verification and a copy of the To-Do List must be submitted to *Live Life Well*. Yes No

I acknowledge that I have read this form in its entirety, and I understand my responsibility in the Healthy Pregnancy Healthy Babies Program in which I will be engaged. I accept all risks, rules, and regulations set forth. Knowing these I have had the opportunity to ask questions which have been answered to my satisfaction, I consent to participate in the Healthy Pregnancy Healthy Babies Program Yes No

Print Name: _____ Signature: _____ Date: _____

Mailing Address: _____ School District Employee ID #: _____

How do you prefer to be contacted? Phone _____ Email _____

What time is best for you to be contacted? _____

