

PRENATAL YOGA CLASS

Expecting Mom: _____

Address: _____

Phone Number: _____

Email: _____

Due Date: _____

Dr./Midwife: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Release of Liability

This is a consent and release of liability. Please read carefully before signing.

I, _____, have made a voluntary request to participate in a prenatal yoga program with
_____ (hereinafter "the teacher" and I do hereby agree to the
following:

1. I acknowledge that I have consulted with my doctor or midwife prior to beginning this yoga series. I fully understand that I am participating completely voluntarily in this program. I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health and/or my baby's well-being or health in any way.

2. I freely, voluntarily and with such knowledge assume the risk associated with prenatal exercise programs. I take full responsibility for the ramifications of my actions and physical condition in connection with my participation in this prenatal yoga series. I understand that questions about yoga postures are encouraged and welcomed, and that students are encouraged to practice at their own pace, and only engage in poses that feel intuitively right for their bodies.

3. I FURTHER AGREE THAT FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS TO HOLD HARMLESS AND INDEMNIFY "THE TEACHER" AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, SUITS, DAMAGES OF EXPENSES OF ANY KIND AND NATURE INCURRED OR ARISING BY REASON OF ANY ACTUAL OR CLAIMED NEGLIGENT OR WRONGFUL ACT OR OMISSION BY ME WHILE PARTICIPATING IN SUCH YOGA PROGRAM.

I hereby represent that I have carefully read, understand and agree to the contents of this Release and consent and sign the same voluntarily and of my own free will.

PLEASE READ THIS DOCUMENT IN FULL BEFORE SIGNING

Name_____

Date_____

Signature_____