

The Yoga Garden, LLC
PRENATAL MEDICAL RELEASE FORM

For all prenatal yoga classes and workshops

Your Name (Please Print): _____ Date of Birth: _____

Primary Phone Number: _____ Alternate Number: _____

Expected Due Date: _____ Email address: _____

Emergency Contact & Phone (Please Print): _____

Describe any and all medical problems associated with your pregnancy. _____

Describe any and all non-pregnancy related medical problems that you have had in the past or are currently experiencing. _____

Obstetrician/Midwife (Please Print): _____

Anticipated Place of Delivery: _____

I, (Obstetrician/Midwife: Please Print) _____, am providing prenatal care to (Patient) _____ and declare that the above information is true and correct. (Patient name) _____ is of sound medical and prenatal health, and has my permission to participate in the prenatal yoga program offered by The Yoga Garden, LLC., **Signature of Doctor/Midwife:** _____ **Date:** _____

I, (Participant Name, Please Print), _____ understand that The Yoga Garden, LLC., cannot make a determination about the safety of the prenatal yoga class for each individual woman and her unborn child. My obstetrician or midwife can only make this determination, and has, as stated above. I therefore, release The Yoga Garden, LLC., of any and all liability for any medical contingency that may occur to either my unborn child or myself. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____ **Date:** _____