



12611 Franklin Farm Road
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Prenatal Yoga Health Form and Waiver

Name _____ Baby Due Date _____
 Day Phone _____ E-mail: _____ Age _____ Current Week of Pregnancy _____
 Home Address: _____
 Occupation _____
 Emergency Contact _____ Phone _____ Relationship _____
 Physician/Midwife _____ Birth Place _____ Phys. Phone _____
 # of previous pregnancies _____ # of vaginal births _____ # of cesarean births _____ # of miscarriages _____
 Ages of children _____ Any complications with previous pregnancy? _____
 Have you provided us with a "Health Care Provider Release Form: Yes No
 Please let us know anything physical that is going on for you. (Including pre-existing injuries and illnesses)

Is there anything we need to know about your pregnancy? Have you had any complications or problems?

Have you done yoga before? _____ For how long? _____ Which style/type (if known)? _____
 What other exercise are you doing in pregnancy, and how often _____
 What would you like to receive from your yoga practice? _____

Do any of the following conditions apply to you? (circle all that apply)

- Anemia ▸ Elevated Blood Pressure ▸ Vaginal bleeding during pregnancy ▸ Joint Problems ▸ Placenta Previa
- Carrying Twins or Multiples ▸ Varicose Veins ▸ Hemorrhoids ▸ Diabetes or Gestational Diabetes
- Previous Premature Labor ▸ Incompetent Cervix ▸ History of Depression or PPD ▸ Abdominal Weakness
- Low back or sciatic pain ▸ Limb numbness upon waking or carpal tunnel

AGREEMENT OF RELEASE and WAIVER OF LIABILITY

Please read carefully before signing.

As a student of this prenatal yoga class:

1. I understand and acknowledge that I am to receive instruction in yoga theory and exercises only, and I will not hold my yoga instructor to any higher standard of care than that applicable to a school of yoga theory and exercises.
2. I will give my highest attention to the well being of myself, and my unborn child.
3. I will work with patience and an open mind in the self-discovery process.
4. I understand that there is a risk of injury associated with yoga as with any physical activity in pregnancy.
5. I understand that If I move with care, intelligence, courage, applied safety and self-awareness, then injury is unlikely. Should injury occur or complications arise, **The Ayurvedic Path Inc.**, classroom facility, all teachers, substitutes, employees, and affiliates (including The Chopra Center for Wellbeing) are absolved of all responsibility.
6. I am fully responsible for the outcome of my yoga practice and participation in this class.
7. I understand that I should report any problems with my pregnancy to my physician/midwife.
8. I will keep my yoga teacher informed with any changes in my pregnancy or physical health.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND FULLY AGREE WITH IT AND UNDERSTAND IT, AND I SIGN THE SAME AS MY OWN FREE ACT.

Date: _____ Printed Name: _____

Signature: _____

