

The Yoga Garden, LLC

POSTPARTUM MEDICAL RELEASE FORM & WAIVER

For all yoga babies and new movers classes

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

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

Primary Phone Number: _____ Alternate Number: _____

Expected Due Date: _____ Email address: _____

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): _____

Type of Birth: Vaginal or Caesarian (Circle One) Place of Delivery: _____

I, (Doctor/Midwife: Please Print) _____, have provided prenatal and postpartum care to (Patient) _____. I have examined her and find her to be of sound medical and prenatal health. I have released her to resume all activities in which she participated prior to pregnancy and find that participation in postpartum yoga poses no risk to her health. I therefore give her permission to participate in postpartum yoga.

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. My doctor 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. I also understand that The Yoga Garden, LLC does not assume any responsibility for the care of my baby. My baby remains my responsibility and I release The Yoga Garden, LLC from liability for any exigencies that may occur. 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:** _____