



688 Haddon Ave. Collingswood ~ Yogawood.Com ~ 856.858.YOGA

### PRENATAL MEDICAL RELEASE

For all prenatal yoga classes, childbirth preparation classes, massage and workshops

1. Name (please print): \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Expected Due Date: \_\_\_\_\_

4. Email address: \_\_\_\_\_ 5. Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

6. Describe any pre-pregnancy related medical history or problems/conditions that you have had in the past or are currently experiencing.

\_\_\_\_\_  
\_\_\_\_\_

7. Name of OB/Midwife: \_\_\_\_\_ 8. Their phone # \_\_\_\_\_

9. Anticipated Place of Delivery \_\_\_\_\_

10. Your Emergency Contact: \_\_\_\_\_ 11. Their phone # \_\_\_\_\_

12. I, \_\_\_\_\_ (Ob/Midwife name printed), am providing prenatal care to \_\_\_\_\_ (Patient name) 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 Yogawood, LLC.

**(Doctor/Midwife Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

13. I, \_\_\_\_\_ (Prenatal yoga student), understand that Yogawood, LLC., can not make a determination about the safety of the prenatal yoga class for each individual woman and her unborn child. Only my Ob/Midwife can make such a determination, and has done so as stated above in Paragraph 12. I therefore, release Yogawood LLC., of any and all liability for any medical contingency that may occur to either my unborn child or to myself.

14. I have thoroughly read the above release and waiver of liability and fully understand its contents. Therefore I voluntarily agree to the terms and conditions as stated above.

**(Signature of Participant)** \_\_\_\_\_ **(Date)** \_\_\_\_\_