

Loving My Pregnancy

Prenatal and Postnatal Yoga Registration Information & Release Form

Welcome to **Loving My Pregnancy**. Please fill out this form completely and inform us of any changes. Please print clearly. **ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.**

Name _____ E-Mail _____

Cell# _____ Emergency Contact _____ Phone# _____

Expected Due Date _____ #of Weeks Pregnant _____ OR Post-partum how many weeks _____

Name of Doctor/Midwife/Clinic _____ Phone# _____

- 1) Have you had any complications with this pregnancy? YES NO If yes, please explain.
- 2) Any concerns I should know about? YES NO If yes, please explain.
- 3) Do you have a history of miscarriage or infertility? YES NO If yes, please explain.
- 4) Did you practice yoga before this pregnancy? YES NO If yes, please explain how often and what style you enjoyed.
- 5) Occasionally, I will come by and adjust or massage my students. Are you comfortable with appropriate physical contact? YES NO

Do you currently have any of the following areas of discomfort? (Check all that apply)

- | | | | | |
|---|--|---|---|-----------------------------------|
| <input type="checkbox"/> Edema/Swelling | <input type="checkbox"/> Pubic Pain | <input type="checkbox"/> Nausea | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Hip pain | <input type="checkbox"/> Ache in wrists/arms | <input type="checkbox"/> Constipation | <input type="checkbox"/> Low back pain | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Round ligament spasm | <input type="checkbox"/> Braxton-Hicks Contractions | |
| <input type="checkbox"/> Other, please specify: _____ | | | | |

Do you have a history of? (Check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Edema | <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Morning sickness/nausea |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Constipation | <input type="checkbox"/> Sinus Congestion |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Pre-term labor |
| <input type="checkbox"/> Other, please specify: _____ | | | |

Please feel free to tell me anything that will help me understand your pregnancy and physical health. It is important to keep the lines of communication open, especially as your body grows and changes. Please let me know if there is anything I can do to better meet your needs!

Loving My Pregnancy

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, have made a voluntary request to participate in a prenatal or postnatal yoga class at **Loving My Pregnancy**, and, I do hereby agree to the following:

1. I understand the above information, to the best of my knowledge, is correct. I further understand I should use caution and only practice to my own comfort level. I will discontinue any exercise that causes pain or discomfort. I will advise my instructor if my health status changes throughout the pregnancy. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur or inflict upon my baby while in utero as a result of participating in the program/class.
2. I understand it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class, health programs, or, workshops. I represent and warrant that I am physically fit and that my pregnancy has no risks that would prevent my full participation in the yoga classes, health programs, or, workshops.
3. I FURTHER AGREE THAT FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS TO HOLD HARMLESS AND INDEMNIFY DANIELLE GOLDBERG AND LOVING MY PREGNANCY, INC 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 represent I have carefully read, understand, and, agree to the contents of this Release and Consent and signed at my own free will.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

Name (Please Print)

Signature of Participant

(month/day/year)