



For Villager Yoga:
Today's Date: _____

Prenatal Yoga Consent and Release

Name: _____ Estimated Due Date: _____ Baby Gender: _____

Phone: _____ Email: _____

(please circle)

Have you practiced yoga before? Y N If yes: Weekly Monthly It's been a while

First child? Y N If no, please list ages of children at home: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone Number: _____

I, _____, acknowledge that I am physically able to participate in the Prenatal Yoga classes at Villager Yoga. I give permission for my doctor to release information that is pertinent to my participation in the program.

Signature: _____ Date: _____

Medical Release – to be completed by Obstetrician or Doola

Your patient, named above, would like to participate in prenatal yoga classes at Villager Yoga. Please describe any medical conditions and/or limitations that would affect her participation in these classes.

I, _____, release the above named participant in this Prenatal Yoga class.

Medical Provider's Signature _____ Date: _____

Print Name: _____ Location/Practice: _____