



Prenatal Yoga Waiver

Class day:

Class time:

Start date:

Full Name: _____

Mailing Address: _____

Email Address: _____ Telephone Number: _____

Due date: _____

Have you had any complications during your pregnancy?

Is there anything the instructor should know about your pregnancy or health background?

Has your doctor recommended any precautions that we should be aware of?

Class Policies

Missed Classes:

One makeup class is permitted during each session. You may take a makeup in another prenatal class or at a basic yoga class; please note that basic yoga is not geared toward prenatal participants. Make-ups must be used by the last day of the session. If the Facilitator has to miss a class and a substitute is not available, we will add a class to the end of the session or offer a comparable class.

Withdrawal:

A full refund, less \$20 administrative fee, will be given if notification of withdrawal is received within 48 hours of the first class. No refunds are extended after the 48 hour period past the first class.

Inclement Weather:

In the case of inclement weather, call 508.435.3366; cancellations will be listed on the outgoing message. If a suitable make-up class is scheduled or available, no refunds will be issued for classes canceled due to inclement weather.

"I, _____, have enrolled in a program of physical activity. I hereby affirm that I am in good physical condition. My doctor is aware that I am participating in prenatal yoga. I understand that yoga is a physical practice that requires strength and flexibility. I understand that in any physical activity, risk of serious physical injury is possible and yoga is no substitute for medical diagnosis and treatment. I am aware that by participating in yoga classes I undertake the risk and responsibility of personal injury, and I hereby release Absolute Yoga and its instructors, from any liability now or in the future. I hereby affirm that I have read and fully understand the above. In addition, I have read and accept the class policies stated above"

Signature

Date

In case of an emergency please contact

Name: _____ **Relationship:** _____

Phone1: _____ **Phone2:** _____

OB/Midwife Name: _____ **OB/Midwife Phone:** _____

Allergies you may have:

Medications you are currently taking:

Conditions we should be aware of: