

POSTPARTUM MEDICAL RELEASE FORM AND WAIVER
For yoga babies and yoga movers

1. _____ (Print Name) _____ (Baby's Name)
2. _____ (Date of Birth) 3. _____ (Date of Baby's Birth)
4. Describe any and all medical problems associated with your pregnancy.

5. Describe any and all non-pregnancy related medical problems that you have had in the past or are currently experiencing.

6. _____ (Ob/Gyn/Midwife) 7. _____ (Place of delivery)
8. _____ (Vaginal birth or Cesarean)
9. _____ (Emergency Contact)
10. _____ (Home Phone) _____ (Work/Cell Phone)

11. I, _____ (**Doctor/Midwife Name Printed**) have provided prenatal and postpartum care to _____ (Patient). I have examined her _____ (# of weeks) subsequent to delivery and find her to be of sound medical and postpartum 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 my permission for _____ (Patient) to participate in the postpartum yoga class offered by Yoga Child Inc.

_____ (**Doctor/Midwife Signature**) _____ (**Date**)

12. I, _____ (Student/Print and Sign) understand that Yoga Child Inc., cannot make a determination as to the safety of postpartum yoga for each individual woman. This determination can only be made by my doctor or midwife and has been made as stated above in Paragraph 11. I, therefore, release Yoga Child Inc., from any and all liability for any medical contingency that may occur.

13. I understand that Yoga Child inc., does not assume any responsibility for the care of my baby during my participation in postpartum yoga classes. My baby remains my responsibility and I release Yoga Child Inc., from liability for any exigencies that may occur.

14. 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.

_____ (Student Signature) _____ (Date)