

Prenatal Yoga Disclaimer

Dear Student:

Congratulations! Being a Mother is a very high Honor, a Divine Blessing. A Mother is showered with Grace and Protection as she carries a Pure, Little Angel. During this precious time there is need for gentleness and Supreme Love, a time to pay special attention to your Whole Being.

Below are questions that, when answered fully, we are able to assist you throughout this joyous time in your life. We extend our Love for a most beautiful pregnancy.

Name: _____ Due Date: _____

Is this your first pregnancy? _____ Other Children? _____

General Health Information: Do you have any of the following conditions?

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Morning Sickness	<input type="checkbox"/> Hemorrhoids
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Carpel Tunnel Syndrome	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Sciatica	<input type="checkbox"/> Headaches	<input type="checkbox"/> Back pain <u>lower, middle, upper</u>
<input type="checkbox"/> Pain or Discomfort in any part of your body	<input type="checkbox"/> Delicateness of spine, discs, or vertebrae	<input type="checkbox"/> Congestion or Sinus Problems
		<input type="checkbox"/> Other _____

Explanation (example for pain, headaches, spine) _____

Any accidents or injuries? Please explain: _____

Please consult your Doctor before starting Yoga. If this has already been done, please explain: _____

Other necessary information in regards to your health, please explain: _____

I, _____, hereby release The Royal Pathways Inc. "The School of Complete Yoga" and all Instructors and Teachers (of The Royal Pathways Inc. "The School of Complete Yoga") of all liability and responsibilities pertaining to PRENATAL Yoga classes. I am 18 years of age or older and understand this disclaimer.

Signed: _____

Name: _____

Dated: _____

Address: _____

Class: _____

Instructor: _____

Phone: _____ Email: _____

An expectant Mother who, of their own choice, attends a Yoga class other than a PRENATAL class, hereby takes full responsibility and liability of being in that chosen class where the instructor is not subject to change the structure of the class to suit prenatal requirements. Please sign and date below if you have chosen to take a class other than PRENATAL Yoga.

Signed: _____

Date: _____

Thank you!