

# Birmingham Yoga Prenatal Yoga Release

Student Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

To send weekly event updates, never given to any other party.

## **Medical Release - to be filled out by Doctor or Midwife**

Your patient, named above, would like to participate in this Prenatal Yoga Class. Please describe any medical conditions and/or limitations that would affect her participation in this program.

*Note: all exercises conform with the guidelines set by the American College of Obstetricians and Gynecologists.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, release the above named to participate in this Prenatal Yoga class.

Medical Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_