



# Blossoming Yogis

## Prenatal Yoga New Student Form

Kindly complete both sides of this form and print clearly - Thank you!

Today's Date: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_ # of weeks Pregnant Today: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Practiced yoga before?  Yes  No If so, how long \_\_\_\_\_ What style? \_\_\_\_\_

Where do you plan on delivering your baby? \_\_\_\_\_

Provider:  OB  Midwife Provider's Name: \_\_\_\_\_

Do any of the following conditions apply to you? (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anemia          | <input type="checkbox"/> Elevated Blood Pressure  | <input type="checkbox"/> Vaginal bleeding during pregnancy          |
| <input type="checkbox"/> Joint Problems  | <input type="checkbox"/> Previous Premature Labor | <input type="checkbox"/> Carrying Twins or Multiples                |
| <input type="checkbox"/> Varicose Veins  | <input type="checkbox"/> Abdominal Weakness       | <input type="checkbox"/> Diabetes or Gestational Diabetes           |
| <input type="checkbox"/> Hemorrhoids     | <input type="checkbox"/> Incompetent Cervix       | <input type="checkbox"/> History of Depression or PPD               |
| <input type="checkbox"/> Placenta Previa | <input type="checkbox"/> Low back or Sciatic Pain | <input type="checkbox"/> Limb numbness upon waking or carpal tunnel |

Other: \_\_\_\_\_

# of Pregnancies (inc this one): \_\_\_\_\_ # Deliveries: \_\_\_\_\_ Previous Cesarean:  Yes  No

Do you have children?  Yes  No If so, what age(s)? \_\_\_\_\_

Please list any non-pregnancy related health conditions or injuries you have had & treatments you have tried:

\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

How did you hear about our Classes? \_\_\_\_\_

Would you like to receive emails from us about upcoming classes and events?\*  Yes  No

*\*If you opt out, you will still receive emails pertaining to schedule changes and class cancellations.*

Yoga is a physical exercise. If you have any serious medical conditions, please check with your healthcare provider before participating. It is your responsibility to inform your instructor or any substitute instructor of any limitations or new condition you may have before each class. **I have answered the above questions, fully and truthfully, to the best of my knowledge, regarding my health and medical conditions.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# Agreements of Release and Waiver of Liability for Participation in Prenatal Yoga with Blossoming Yogis

## **PLEASE READ CAREFULLY BEFORE SIGNING:**

1. I am or will be participating in Yoga Classes, Health Programs or Workshops (the "Programs") offered by Blossoming Baby, LLC, DBA Blossoming Yogis ("Blossoming Yogis"), during which I will receive information and instruction about yoga and health. These classes entail physical activity. I recognize that such physical activity may be difficult and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved. I choose to voluntarily participate in the Programs, and by participating, assume full responsibility for all risks.
2. I understand that it is my responsibility to consult with my healthcare practitioner prior to and regarding my participation in the Programs offered by Blossoming Yogis, and to receive prior approval to participate. I represent and warrant that I am physically fit and I have no medical condition or injury, which would prevent my full participation in the Programs. I assume full responsibility for my participation and understand that a release from my healthcare provider may be required.
3. I understand that information pertaining to labor, delivery or prenatal health offered by Blossoming Yogis' Instructors or other prenatal yoga student, does not constitute actual medical advice. I agree to not act on any information without first consulting with my Physician.
4. In consideration of being permitted to participate in the Programs, I agree to assume all full responsibility for any risks, conditions, injuries, or damages, known or unknown, which I might incur or aggravate as a result of my participating in same.
5. In further consideration of being permitted to participate in the Programs, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against Blossoming Yogis, or their agents, tenants, landlords, managers, employees, substitutes & teachers, and Be One Yoga Studio, or their agents, tenants, landlords, managers, employees & teachers, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Programs.
6. I, my heirs or legal representatives, forever release, waive, discharge, hold harmless and covenant not to sue Blossoming Yogis, or their agents, tenants, landlords, managers, employees, substitutes & teachers, and Be One Yoga Studio, or their agents, tenants, landlords, managers, employees & teachers, for any condition, injury to my person, or damage or loss to my property, which arises, is caused by or is aggravated by reason of my participation in the Programs.
7. I understand that it is my continuing responsibility to inform Blossoming Yogis of any previous medical conditions, injuries or surgeries prior to my first class. I also understand that it is my continuing responsibility to continue to inform Blossoming Yogis of any changes to my health or medical condition.
8. I also understand that except for a monetary refund of class fees, I have no claims against Blossoming Yogis, or their agents, tenants, landlords, managers, employees, substitutes & teachers, and Be One Yoga Studio, or their agents, tenants, landlords, managers, employees & teachers, by reason of their refusal to allow me to participate in the Programs.
9. If I indicated that I would like to receive emails from Blossoming Yogis about upcoming classes and events on the first page of this form, I give Blossoming Yogis permission to add my email address to their email mailing list so that I may receive periodic updates on classes and events. I understand that I may unsubscribe from the email list at any time. I also understand that even if I didn't opt into receiving such notification, I understand that Blossoming Yogis may still send me emails including important information about the Programs, such as class cancellations. Blossoming Yogis warrants that they will not share, distribute or sell my email address or contact information to any third party.

**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.**

---

Signature

---

Date

---

Printed Name