

INDEMNITY FORMS

**Pregnancy Yoga**

Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone Numbers: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

The participant her/his signature hereto acknowledges that, whilst every precaution is taken: the yoga teacher cannot be held responsible for any injuries incurred during or as a result of the yoga lesson or whilst on the property and accordingly indemnifies the teacher for any claims that may arise against her there from.

Referral: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**Personal History**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Age: \_\_\_\_\_  
No of pregnancies: \_\_\_\_\_  
Ages of other children (if any): \_\_\_\_\_  
Babies anticipated birth date: \_\_\_\_\_  
How far pregnancy is in weeks: \_\_\_\_\_  
Intended place of birth: \_\_\_\_\_  
Name of Obstetrician/ midwife: \_\_\_\_\_  
Do you have and previous yoga experience? YES NO  
If yes, Name of yoga teacher: \_\_\_\_\_  
How long have you been practicing yoga? \_\_\_\_\_  
What style/school of yoga practiced? \_\_\_\_\_

PLEASE CIRCLE ANY PROBLEMS

BACKACHE upper lower HEADACHES/SINUS

JOINTS WATER RETENTION

STRESS CONSTIPATION

High/Low BLOOD PRESSURE NAUSEA

HEARTBURN

OTHER: Please specify e.g. History of miscarriage, retained placenta etc.

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