

Prenatal Yoga Information & Release of Liability Form

Client Information:

Name: _____ Pronouns: _____ Age: _____ Phone #: _____

Email: _____ Baby Due Date or Current Trimester: _____

Please List Any Medical or Other Conditions You Would Like to Disclose to the Instructor:

Please List An Emergency Contact:

Name: _____ Relation: _____ Phone Number: _____

Please Read Following Disclosure Carefully & Sign Release Below:

****Disclosure:***

Services: Siena Ann Vaccara, Ed.M, M.A (your Prenatal Yoga Instructor) provides Prenatal Yoga instruction to pregnant people and aims to prioritize safety considerations. **Benefits:** Prenatal Yoga utilizes gentle movements/exercise that can help pregnant people cultivate pelvic grounding and breathing techniques to prepare for future labor. Prenatal Yoga can also help pregnant people recognize their connection to their fetus and their inner power as an expectant parent. **Limitations:** Siena Ann Vaccara, Ed.M, M.A cannot guarantee that you will reap all the possible benefits of her Prenatal Yoga instruction. **Costs:** Prenatal yoga costs \$70.00 per 45 minute class due within 24 hours of obtaining instruction. Payment can be given to the instructor via cash, check or venmo.

Prenatal Yoga Client Responsibilities: Intuition: By signing this form you hereby recognize that as a Prenatal Yoga Client, it is *your responsibility* for knowing and not exceeding the limits of your own body's physical capacity-it is *your responsibility* as the Prenatal Yoga Client to rely on your own intuition towards how you and your fetus are tolerating poses and interventions for the *entire duration* of Siena Ann Vaccara, E.M, M.A's instruction. **Prenatal Yoga Client Responsibilities: Medical Clearance:** By signing below you hereby recognize that it is *your responsibility* as the Prenatal Yoga Client to discuss with your healthcare provider whether you can practice yoga during your pregnancy *prior to participating* in Prenatal Yoga.

****Release:***

By signing below you acknowledge and agree that you have read the above *Disclosure and understand Siena Ann Vaccara, Ed.M, M.A's *Services, Benefits, Limitations, Costs* and your *Prenatal Yoga Client Responsibilities: Intuition & Medical Clearance*, and you, your family members, any and all heirs hereby *release and forever discharge* Siena Ann Vaccara, E.M, M.A (your Prenatal Yoga Instructor) from *all damages or liability*, as a result of using her Prenatal Yoga instruction services:

Signature of Prenatal Yoga Client: _____

Date: _____

Printed, Full Name of Prenatal Yoga Client: _____

Date: _____