

Prenatal / Postnatal New Student Form

Name:	
Date:	Phone:
Address:	
Email:	
Date of Birth:	
Due Date:	
Referral Source:	
Yoga Experience:	
Have you practiced Yoga before?	
If so, when was the last time?	
How often do you Practice Yoga?	
Style of Yoga Practiced Previously	<i>r</i> :
What Benefits are you seeking through yo	our Yoga Practice? Check all that apply:
Help with Delivery	
Preparation for Labor	
Strengthening	
Breathing Techniques Stress Relief	
Health Issues	
Overall Wellness	
Positive Pregnancy Experience that is	s Supported
Maintaining Healthy during Pregnanc	• •
Other:	•

What draws you to Prenatal Yoga? Check all that apply:
Poses Meditation Breathing Techniques Other:
I am honored to hold space for you and your baby during this time. Yoga is so much more than physical movement and Prenatal Yoga Classes are meant to be transformative - integrating mind, body, emotions, and baby. Awareness is the key to a safe Yoga Practice.
By attending Prenatal Yoga Classes, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga. While I understand that I am the guide of my own body, I agree to inform my Yoga Teacher of how I feel in each class.
I have signed consent from my doctor. I hereby release and forever discharge Sally Rodriguez Hamm "Soul Practice Yoga" of any liability resulting from or in connection to my participation and attendance in Prenatal Yoga Classes and will further indemnify and hold harmless the foregoing parties from any loss, Cost, damage, or expense (including attorney fees and cost of litigation) that they may incur as a result of my attendance or participation of any and all prenatal Yoga classes. I agree to listen to my body and monitor myself during every class session.
Signature:
Date:
In Yoga,
Sally Rodriguez Hamm, ERYT 500, RPYT, YACEP, Advanced Trauma Yoga Teacher, Founder and Teacher at Soul Practice Yoga, RYS