



Prenatal Yoga Waiver: Release & Consent

This is consent and release of liability. Please read its entirety before signing.

I, _____, have made a voluntary request to participate in a Prenatal Yoga Class / Classes at **Soul Practice Yoga / Sally Rodriguez Hamm** and I agree to the following:

1. I acknowledge that in addition to signing this release form, I must obtain a physician's approval form to begin Yoga. I choose to participate completely voluntarily. I accept all responsibility for my health and any injury that results from my participation or mishap that may affect my well-being or health and/or my baby's well-being or health in any way.
2. I freely, voluntarily, and with such knowledge assume the risk associated with Prenatal Yoga.
3. I agree on behalf of myself, my heirs, personal representatives, executors, administrators and assigns to hold harmless and indemnify **Soul Practice Yoga / Sally Rodriguez Hamm** against any and all liability, claims, causes of action, suits, damages, or expenses of any kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission by me while participating in such Yoga Class / Classes.

I hereby represent that I have carefully read, understand, and agree to the contents of this RELEASE and consent and sign the same voluntarily and of my own free will.

Name: _____

Telephone (HOME, Work, Cell): _____

Full Address: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Signature: _____

Date: _____

In Yoga,

Sally Rodriguez Hamm, ERYT 500, YACEP, RPYT, Trauma Informed Teacher Founder & Director of RYS, Soul Practice Yoga

www.soulpracticeyoga.com