

Health Care Provider Release Form

Yoga Student/Patient Printed Name

Estimated Due Date

Student Phone Number

I am having a healthy pregnancy. I am under a physician's/midwife's care and have his/her written consent to participate in this prenatal exercise/yoga program. I am aware I must call my physician/midwife in case of any health problems or concerns. I will keep my yoga teacher updated on any changes in my pregnancy.

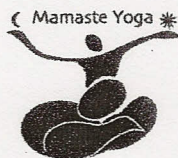
Yoga Student/Patient Signature

Date

I consent to the above named patient's participation in prenatal yoga classes.

Physician Signature/Stamp

Physician Phone Number



(Mamaste Yoga *



nurturing mother, nurtures the child

Prenatal Yoga Classes

Yoga is an excellent exercise option during pregnancy. It can help to sooth your aches and pains, help to reduce stress, teach you to relax and help prepare you for childbirth and motherhood. Prenatal yoga provides the opportunity for women to deepen their connection with their bodies, babies, and other pregnant women in the community.

Classes are open to healthy pregnant women in their 2nd and 3rd trimesters. Please get approval from your doctor/midwife before attending this exercise class. No previous yoga experience needed.

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