TRIPLICITY LLC.

Prenatal Yoga Release Form

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386-717-4015

Name_____Phone Number_____

Address_____

Email:_____

Emergency Contact_____Contact Number_____

Relationship to student_____

Estimated Due Date_____

I understand and accept that prenatal yoga is a physical activity that includes postures, breathe work, as well as meditation and relaxation techniques. I have been under the care of a licensed health care provider, I have a healthy pregnancy and have permission to practice prenatal yoga after my 14th week of pregnancy. I understand that yoga will not take place of any prenatal care, and I must contact my health care provider regarding any medical or health concerns. I agree to communicate with the yoga instructor of any changes or concerns in my pregnancy.

Signature_____ Date_____

Health Care Provider Release

I provide my consent for my patient (the above name listed) to participate in prenatal yoga beginning after the 14th week of pregnancy.

Primary Prenatal Care
Provider Printed Name_____

Signature_____

Phone Number_____ Date_____