

TRIPPLICITY LLC.
Yoga with Julie Deyo
juls@triplicitywellness.com
386-717-4015



Prenatal Yoga Liability

After reading this form carefully, please sign at the bottom to affirm understanding of this form.

If at any time during the class you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important that you honor, listen to your body, and respect your limits.

I, _____ understand and accept that I am voluntarily participating in prenatal yoga and I agree to the following:

*I will obtain a physicians approval form, and complete the medical history prior to beginning a prenatal yoga practice. I accept all responsibility for my health and I have informed the instructor of any pre-existing conditions, injuries or health conditions that may interfere with my practice.

*I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to any activity program including yoga.

*I will continue to communicate with the instructor of any changes throughout the pregnancy, that may change physical activities.

*I am fully aware of any risk to personal injuries and accept that neither the instructor, nor the hosting facility is liable for any injuries, damages to person or property resulting in participation of the class.

*At no time will I nor my immediate family, legal representatives, successors or assigns, bring any legal action to the instructor, Julie Deyo.

*I acknowledge that I am practicing yoga at my own risk.

*If attending a scheduled workshop, I understand the \$50.00 registration fee is nonrefundable unless the workshop is canceled, and the fee applies to the full payment.

*****I will have fun and enjoy myself!*****

Signature _____ Date _____

phone: _____ Emergency Contact: _____