

# PRENATAL MEDICAL RELEASE FORM

For all prenatal yoga classes and workshops

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1. Name (Please Print)

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2. Date of Birth

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3. Expected Due Date

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4. Email Address

5. Describe any and all medical problems associated with your pregnancy. (Please use the back of this form or additional sheet of paper if you require more space.)

6. Describe any and all non-pregnancy related medical problems that you have had in the past or are currently experiencing. (Please use the back of this form or additional sheet of paper if you require more space.)

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7. Ob / Midwife

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8. Anticipated Place of Delivery

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9. Emergency Contact

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10. Home Phone

Work / Cell Phone

11. I, \_\_\_\_\_ (Ob / Midwife name printed), am providing prenatal care to  
\_\_\_\_\_ (Patient) and declare that the above information is true and correct.  
\_\_\_\_\_ (Patient name) is of sound medical and prenatal health and has my

permission to participate in the prenatal yoga program offered by Invivo, Inc.

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Doctor / Midwife Signature

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Date

12. I understand that Invivo Inc., and can not make a determination about the safety of the prenatal yoga class for each individual woman and her unborn child. My ob/midwife can only make such a determination, and has as stated above in Paragraph 11. I therefore, release Invivo Inc., of any and all liability for any medical contingency that may occur to either my unborn child or myself.

13. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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Student Signature

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Date