

Yoga Birth



## YogaBirth™ Labor Prep Workshop Registration and Waiver Form

---

### REGISTRATION

---

Your Full Name: \_\_\_\_\_

Your Birth Partner's Name: \_\_\_\_\_

Due Date: \_\_\_\_\_ Are You Newly Expectant (circle one)? **Yes** **No**

If repeat pregnancy, list number of children: \_\_\_\_\_

Your Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Doctor/Midwife's Name: \_\_\_\_\_

Type of Delivery Planned (circle one)? **Hospital** **Birthing Center** **Home**

- If Hospital or Birthing Center, please list name: \_\_\_\_\_

How did you hear about YogaBirth? \_\_\_\_\_

### WAIVER

---

I, \_\_\_\_\_, hereby release Lisa Pedersen, YogaBirth, and the location in which this workshop is being held, from any responsibility or liability due to my participation in YogaBirth workshops. I am fully aware that I am participating in these sessions at my own risk and will not hold those named above responsible in the event of my incurring any injury or exacerbating any previously existing conditions. I fully intend to use common sense when practicing yoga and will be mindful of my own physical limitations and prior injuries so as not to sustain further damage. If I have any comprehensive medical conditions, I have consulted with my physician to make sure prenatal yoga is appropriate for me to participate in.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date