

be. Women's Health & Wellness

Yoga, Pilates, and Much More.

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Practiced yoga or pilates before? Yes No If so, how long? _____ what style? _____

Do any of the following conditions apply to you? (Check all that apply)

- | | | |
|------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Elevated Blood Pressure | <input type="checkbox"/> Vaginal bleeding during pregnancy |
| <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Previous Premature Labor | <input type="checkbox"/> Carrying Twins or Multiples |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Abdominal Weakness | <input type="checkbox"/> Diabetes or Gestational Diabetes |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Incompetent Cervix | <input type="checkbox"/> History of Depression or PPD |
| <input type="checkbox"/> Placenta Previa | <input type="checkbox"/> Low Back or Sciatic Pain | <input type="checkbox"/> Limb numbness upon waking/carpal tunnel |
| <input type="checkbox"/> Other: _____ | | |

IF PREGNANT PLEASE ANSWER THE NEXT THREE LINES:

Expected Due Date: _____

Provider: OB Midwife Provider's Name: _____

of Pregnancies (including this one): _____ # Deliveries: _____ Previous Cesarean: Yes No

Please list any non-pregnancy related health conditions or injuries you have had & treatments you have tried:

Please list any medications you are currently taking: _____

How did you hear about our classes? _____

Would you like to receive emails from us about upcoming classes and events? Yes No

If you opt out, you will still receive emails pertaining to schedule changes and class cancellations.

Yoga and Pilates are physical exercise. If you have any serious medical conditions, please check with you healthcare provider before participating. It is your responsibility to inform your instructor or any substitute instructor of any limitations or new condition you may have before each class. **I have answered the above questions, fully and truthfully, to the best of my knowledge, regarding my health and medical conditions.**

Signature

Date

Printed Name

PLEASE READ CAREFULLY BEFORE SIGNING:

1. I am or will be participating in Yoga Classes, Health Programs or Workshops (the "Programs") offered by be. Women's Health and Wellness during which I will receive information and instruction about yoga, Pilates and health. These classes entail physical activity. I recognize that such physical activity may be difficult and may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved. I choose to voluntarily participate in the Programs, and by participating, assume full responsibility for all risks.
2. I understand that it is my responsibility to consult with my healthcare practitioner prior to and regarding my participation in the Programs offered by be. Women's Health and Wellness, and to receive prior approval to participate. I represent and warrant that I am physically fit and I have no medical condition or injury, which would prevent my full participation in the Programs. I assume full responsibility for my participation and understand that a release from my healthcare provider may be required.
3. I understand that information pertaining to labor, delivery or prenatal health offered by be. Women's Health and Wellness' Instructors or other prenatal yoga student, does not constitute actual medical advice. I agree to not act on any information without first consulting with my Physician.
4. In consideration of being permitted to participate in the Programs, I agree to assume all full responsibility for any risks, conditions, injuries, or damages, known or unknown, which I might incur or aggravate as a result of my participating in same.
5. In further consideration of being permitted to participate in the Programs, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against be. Women's Health and Wellness, or their agents, tenants, landlords, managers, employees, substitutes & teachers, and be. Women's Health & Wellness, or their agents, tenants, landlords, managers, employees & teachers, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the Programs.
6. I, my heirs or legal representatives, forever release, waive, discharge, hold harmless and covenant not to sue Women's Health and Wellness, or their agents, tenants, landlords, managers, employees, substitutes & teachers, and be. Women's Health & Wellness, or their agents, tenants, landlords, managers, employees & teachers, for any condition, injury to my person, or damage or loss to my property, which arises, is caused by or is aggravated by reason of my participation in the Programs.
7. I understand that it is my continuing responsibility to inform be. Women's Health and Wellness of any previous medical conditions, injuries or surgeries prior to my first class. I also understand that it is my continuing responsibility to continue to inform Women's Health and Wellness any changes to my health or medical condition.
8. I also understand that except for a monetary refund of class fees, I have no claims against be. Women's Health and Wellness, or their agents, tenants, landlords, managers, employees, substitutes & teachers, and be. Women's Health & Wellness, or their agents, tenants, landlords, managers, employees & teachers, by reason of their refusal to allow me to participate in the Programs.
9. If I indicated that I would like to receive emails from be. Women's Health and Wellness about upcoming classes and events on the first page of this form, I give "be" permission to add my email address to their email mailing list so that I may receive periodic updates on classes and events. I understand that I may unsubscribe from the email list at any time. I also understand that even if I didn't opt into receiving such notification, I understand that be. Women's Health and Wellness may still send me emails including important information about the Programs, such as class cancellations. Be. Women's Health and Wellness warrants that they will not share, distribute or sell my email address or contact information to any third party.

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.

Class fees are set by our instructors.

Signature

Date

Printed Name