

## Questionnaire & Waiver for Yoga for Fertility

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any health concerns, conditions, limitations or injuries you are currently experiencing that are NOT fertility related:

Please describe what you are currently doing to enhance your fertility (e.g., acupuncture, IVF, IUI):

If you are undergoing IVF, IUI, or any type of Assisted Reproductive Technology, please describe exactly what phase of this cycle you will the day the class starts:

Have you practiced yoga before? If so please describe: \_\_\_\_\_

Do you have any concerns about participating in this class? \_\_\_\_\_

How did you find out about this class? \_\_\_\_\_

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I affirm that if my health status changes or I become pregnant, I will notify the instructor before further class participation. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Laura Kupperman, Heather O'Brien, or Yo Mama Yoga.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date