



Parent~Baby Yoga Registration / Intake Form

Today's Date:

Name:

Your date of birth:

Address:

Phone AND Email address:

Emergency Contact Name and #:

Physician or Midwife's name:

Baby Physician's name:

Baby's Date of Birth:

How did you hear about GLOW?:

What number child is this for you?

Have you experienced medical problems with past pregnancies/births? - briefly explain:

Have you been given any restrictions to exercise by your healthcare provider during this postpartum time?

Have you had any of the following during this pregnancy/postpartum time?

Hemorrhage

Heart Condition

Anxiety

Blood Clots

Lung Disease

Depression

Kidney problems

Major Surgeries

High blood pressure

Joint problems

Back problems

Neck injuries

Broken bones

Diabetes / Gestational Diabetes

In general how are you feeling now postpartum?

Is there any other medical/mental/emotional issue before or during this pregnancy that you would like the instructor to know about and/or have questions about?

GLOW, LLC Waiver and Release:

The undersigned hereby releases GLOW, LLC, and any and all of their agents, directors, officers, independent contractors, employees, and instructors from any and all claims, costs, liabilities, expenses, or judgements, including legal fees and court costs I may have against same for injuries of any nature whatsoever sustained by me or my child as a result of my participation in the exercise program in which I enroll.

Further I acknowledge the following:

1. I have consulted my healthcare provider relative to my participation in GLOW, and have been informed of by him/her as to the risks, if any I may encounter by my participation, and have obtained his/her permission to participate in the program.
2. I agree to limit my participation in the program to the level of activity which is comfortable to my physical situation at the time.
3. I understand that I am waiving and releasing GLOW, LLC and their agents, directors, officers, employees, independent contractors and instructors from any and all claims, costs, liabilities, expenses or judgements, including legal fees and court costs arising out of any participation in this program. I further agree to indemnify and hold harmless from any and all claims, GLOW, LLC.
4. I represent that I am participating in the program solely for my own personal fitness and enjoyment and not with the intention of teaching the program on my own or for a similar organization. I further represent that I am not presently employed or associated with another company or organization which conducts programs like or similar to this program. I understand that all program materials and exercise routines are the exclusive property of GLOW, LLC and I will not make use of the information and/or instruction except for personal use.
5. I understand that I would not be accepted in this program without the execution of the waiver and release.
6. I acknowledge that I have read and understand this waiver and release.

In witness whereof, I have signed this waiver and release:

Signature: _____ Date: _____