

POSTNATAL YOGA
EVERY LITTLE THING, LLC
NEW STUDENT FORM

Name: _____

Email: _____ Phone: _____

Address: _____

Emergency Contact Name/Relationship: _____

Emergency Contact Number: _____

Date of Birth (Mom): _____

How Many Weeks/Months Past Baby's Birth: _____

Do You Have Medical Clearance to Begin Exercise (circle one)? YES NO
(Note: This typically occurs 6-8 weeks after a vaginal delivery & 12+ weeks after a C-section)

Do You Have Any Current or Past Injuries/Medical Conditions That Affect Your Practice? If Yes, Please List: _____

How Did You Hear About This Class? _____

Yoga Experience

Have you practiced yoga before (circle one)? YES NO
If so, when was the last time? _____

How often do you practice yoga? Daily / Weekly / Monthly/First Time Today

What benefits are you seeking through your yoga practice? (circle all that apply)

Healing Post-Delivery • Strength Training • Flexibility • Balance • Stress Relief • Health issues
• Overall Well-Being • Reintroduction of Exercise Post-Delivery • Other: _____

What parts of yoga are you drawn to? (circle all that apply)

Asana Practice (poses/movement) • Meditation • Pranayama (breath work) •
Other: _____



Shelley Sontag of Every Little Thing, LLC is so honored to have you as a yoga student. Yoga is more than physical movement and postnatal yoga classes are meant to be a safe and transformative space, integrating mind, body and spirit.

All movement modalities involve a risk of injury. By choosing to participate in postnatal yoga classes, you voluntarily assume a certain risk of injury. Awareness and listening to your body is key to the practice of yoga.

PLEASE READ & SIGN BELOW

By attending postnatal yoga classes, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga. While I understand I am the guide of my own body, I also agree to inform my yoga instructor of any activities or movements that I feel could be harmful and ask for other pose options. I understand that yoga is not recommended and is not safe under certain medical conditions. I do not have any physical conditions or limitations that would limit my participation or preclude an exercise program. I hereby release and forever discharge my instructor and Every Little Thing, LLC of any liability resulting from or in connection with my participation in or attendance at postnatal yoga class(es) and will further indemnify and hold harmless the foregoing parties from any loss, cost, damage or expense (including attorney's fees and cost of litigation) that they may incur as a result of my attendance or participation of any postnatal yoga class. I agree to listen to my body and monitor myself during every class session.

Printed Name: _____

Signature: _____

Date: _____

Namaste

