



# capitalealth

## CAPITAL HEALTH PRENATAL YOGA CLASS

Instructor: \_\_\_\_\_ Facility/Location: \_\_\_\_\_

### Participant Information (Please Print Legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Emergency Contact Information:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

I understand that pre-natal yoga classes are exercise classes and may be physically strenuous, and I voluntarily participate in the above-referenced class with the full knowledge that there may be risk of personal injury to myself, such as muscle strain, knee strain, back strain, dizziness and light-headedness or the possibility of sprains, and/or risk of injury to my unborn child, as well as property loss or death. I hereby represent that I am physically capable of participating in this class. I understand it is my obligation to consult my physician before embarking upon this pre-natal yoga class.

By my signature below, I hereby agree that my participation in the above-referenced class is **entirely at my own risk**. Therefore, I willingly assume full liability for the risks I expose myself, and to my unborn child to, by my participation in this class. I agree to hold harmless the instructor and/or Capital Health System, Inc., and any of its directors, officers, members, employees, agents or contractors for (1) any loss or damage to my personal property, (2) my health, my unborn child's health, and/or my safety in relation to my attendance in this class. I accept full responsibility for any injury or loss that may result from my participation or activity in this class. I agree that neither I, my heirs, assigns or legal representatives will make any claim of any kind whatsoever against the instructor, the facility, or Capital Health System, Inc., and any of its directors, officers, members, employees, agents or contractors for any personal injury; property damage or loss in any form which are related to, arise out of or occur as a result of my participation in this class, including any negligent acts or omissions of the above mentioned parties. I have read and understood the foregoing waiver and release of liability:

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Witness/Instructor \_\_\_\_\_ Date: \_\_\_\_\_