



**PRENATAL EXERCISE RELEASE AND WAIVER**

Please Select location:

- HARVARD SQUARE – 36 JFK St, Cambridge, MA
- BU/BROOKLINE – 171 Amory St, Brookline, MA
- MELROSE – 450 Main St, Melrose, MA
- PORTSMOUTH – 163 Court St, Portsmouth, NH
- WAYLAND – 201 Wayland Ave, Providence, RI

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I request enrollment in Barre & Soul yoga and/or barre classes at the location(s) selected above.

I certify that I have given my treating physician information about this class and have obtained the approval of my treating physician to participate. To my knowledge, I do not have any limiting physical conditions, which would prevent me from participating in barre and/or yoga classes at Barre & Soul.

**I understand that I will not be able to enroll or to continue in this class during the term of my pregnancy without the prior written permission of my treating physician.**

I agree to keep my physician informed of the effects of this class on my body and to consult him/her whenever necessary. I further understand that there is no requirement to perform all the class exercises and that I can withdraw from this class at any time. During class, I agree to limit my activity to that which is comfortable for me and to stop all activity immediately if I feel uncomfortable. Upon experiencing any discomfort at any time either during or after class, I will immediately contact my treating physician to inform him/her and seek medical advice.

**I understand that all forms of exercise involve some risk of injury. I accept complete sole responsibility for my health and well-being in this voluntary program.**

In consideration of my participation in barre and/or yoga classes at Barre & Soul, LLC I, for myself, my heirs and assigns hereby knowingly and voluntarily release Barre & Soul, LLC, its owners, officers, employees, staff, instructors and agents from any liability now or in the future, if I experience any physical problems as a participant in barre and/or yoga classes, and I waive any right, actual or presumed, to bring a cause of action against Barre & Soul, LLC if I have any physical problems as a participant, including, but not limited to, heart attacks, muscle strains, fractures, shin splints, musculoskeletal injuries, heat prostration, or any injury to myself and my unborn child unless caused by the negligence of Barre & Soul, LLC.

I understand that information regarding my health status will be treated as confidential and will not be released to any person other than program staff without consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRENATAL CONSENT FORM - PHYSICIAN CERTIFICATION**

Student/Patient Name: \_\_\_\_\_

I approve of my patient's participation in this class. The health status of this patient will permit her to participate in the program subject to restrictions listed below.

List any necessary precautions for participation, or any exercises that this patient should not perform:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Office Telephone