

Missouri Baptist Medical Center Prenatal Yoga Program

Participation Waiver

I would like to participate in the Missouri Baptist Medical Center Prenatal Yoga program. I know it is my responsibility to provide written approval from my physician before beginning this program to ensure that I am physically fit and able to participate in the weekly fitness program. I agree that I will adhere to any recommendations from my physician to discontinue the program, if circumstances of my health should change after the beginning of the program, which would require me to stop my participation in the prenatal yoga program.

Signature_____

Printed Name_____

Address_____

City_____State_____Zip_____

Phone Number_____

Date_____