



BIRTHLIGHT BABY YOGA & MASSAGE

Name:

As far as I am aware, I have disclosed to my yoga teacher all information regarding my health and my child's health relevant to the practice of yoga and massage on my child.

I take full responsibility for all applications of yoga I may practise outside the *Birthlight* classes both now and in the future.

I accept that *Birthlight* does not take responsibility for any applications of Yoga practices described or shown in books and videos.

I fully understand that the recommendations, ideas and techniques expressed and described in *Birthlight* classes, as well as in books and videos endorsed by *Birthlight*, cannot be regarded as a substitute for the advice of qualified medical practitioners.

Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Signed:

Date: