



BIRTHLIGHT PERINATAL YOGA

Name:

As far as I am aware, I have disclosed to my yoga teacher all information regarding my health relevant to the practice of yoga during pregnancy, in the course of labour and during the four months following childbirth.

I take full responsibility for all applications of yoga I may practise outside the *Birthlight* classes during my pregnancy, in labour and after giving birth.

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 or techniques expressed and described in *Birthlight* yoga classes as well as in books and videos endorsed by Birthlight cannot be regarded as substitutes 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: