

Dr. Joan Cardone M.D., FACOG Dr. Carla Carpenter M.D., FACOG Dr. Lindsey Malone M.D., FACOG Dr. Susan Murrey M.D., FACOG Dr. Sophia Rodriguez M.D., FACOG Karen Barr, Certified Nurse Midwife Katie Gieseke, WHNP-BC Laura Wilson, APN

Patient Name:	Date of Birth
, ,	nity to participate in our gentle yoga class. Yoga is a emotional, and mental well-being during pregnancy and
, , , , ,	r gentle yoga class, we need your consent. Please read the below to indicate that you understand and agree to the terms
Risks and Benefits	
and better sleep. However, as with any p These risks may include muscle strains, f	including reduced stress, improved flexibility and strength, physical activity, there are also risks involved. alls, and other injuries. Additionally, some poses may not be icipating in our prenatal yoga class, you acknowledge and
Consent to Participate and Rele	ase of Liability
have read and understand the risks and	to participate in our yoga class. You acknowledge that you benefits of yoga. You also release West Suburban Women's all liability for injuries or other damages that you may incur class.
Please sign below to indicate your agree	ement to these terms.
Patient Signature:	
Date:	