



YOGA CLASS WAIVER FORM

*Please note, all of the information on this form is kept confidential.
REGISTRANT DETAILS:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Have you practiced yoga before? YES / NO (Please circle) If YES, for how long?: _____

Limitations / Injuries: (if none, write NONE) _____

Do you have any numbness/pain in (circle all that apply):

neck shoulders elbows hands wrists hips lower back
upper back knees feet other (please specify: _____)

WAIVER

If at any time during class you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damage, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Name (Print) Signature Date

Parent/Guardian Signature Date



Postpartum Support Contract

This Contract is between the parent/parents (hereinafter referred to as "Client"), and Sarah Amos (hereinafter referred to as "Doula") for the purposes of providing postpartum doula support. After discussion and review, the parties agree as follows:

I. Services:

1. Doula has the necessary skills and training so as to enable Doula to perform the services for which the postpartum doula has been contracted for. Doula will support Client's decisions within the Doula's scope of practice.
2. The care provided by Doula includes, but is not limited to: infant care, sibling care, infant feeding support, postpartum recovery support, errands, light housekeeping (e.g., laundry, washing bottles, loading dishwasher), and meal preparation.
3. Doula is not a medical provider and does NOT diagnose or treat medical conditions in the Client or baby, as this is outside Doula's scope of practice.
4. Doula agrees to work with Client on a pre-determined schedule, subject to availability and mutually agreeable hours. For billing purposes, an hour is considered to begin when Doula arrives at Client's home for the previously arranged shift.
5. Daytime shifts are a minimum of 2 hours. The earliest time Doula can begin a daytime shift is 8:30 am.
6. All contracted hours must be used within 3 months following the baby's arrival.
7. In the event Doula cannot provide postpartum support services as scheduled, due to unforeseen circumstances (i.e., family emergency, illness, weather), Doula will make all attempts to schedule an equally qualified, professional back-up doula to cover the shift or reschedule the postpartum services. Client shall be able to meet with back-up doula prior to this if Client chooses.
8. If Client wishes to extend the contract beyond the initial agreed-upon terms, Client understands that Doula will provide such services as staffing permits. Client and Doula will execute a new contract for services at that time.

Client Initials _____

II. Fee for Services:

9. Postpartum services will be provided at \$_____ per hour with a minimum of _____ hours, totaling \$_____. A non-refundable retainer fee of \$_____ is required at the signing of this contract. Client will be billed for all contracted hours except for the last _____ hours of care, which will be satisfied by the retainer fee.

10. Doula will bill Client for postpartum services on a weekly basis. Payment must be made within 10 days of the posted date of billing. Failure by Client to timely pay will result in an additional charge equaling 5% of the bill amount.

11. If Client cancels a scheduled shift with less than 24 hours' notice, Client will be billed for the requested, scheduled hours.

12. Client is responsible for any and all parking fees incurred at each shift. Parking fees will be included in the weekly billing.

13. We, the undersigned, have read this contract for postpartum doula services. We accept and agree to the terms and conditions.

Client Initials _____

Parent One (Printed Name)

Parent Two (Printed Name)

Signature

Signature

Address: _____

Phone Numbers: _____

Emails: _____

Due Date: _____

Birthing Facility: _____

Sarah Amos / Postpartum Doula

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