

Prenatal Yoga Exercise Class—2018

Please check session(s) you wish to attend:

- 1: Jan 1 —Feb 1
- 2: Feb 12 —Apr 1
- 3: Apr 1 —May 2
- 4: June 1 —Jul 1

- 5: August —September
- 6: September 19 —October 24
- 7: October 1 —November 1

Please print:

Name: _____

Home phone: _____

Preferred method of notification if class is changed or canceled: _____

The cost of each session is \$60 (for a 6 week session).

Please return this form and payment. We accept checks and all major credit cards. Make checks payable to "Madison Women's Health" Forms can be mailed to: Madison Womens Health, 5801 Research Park Blvd, Suite 400, Madison WI 53719

Order of operations: _____
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Waiver of Liability and Physician Release

I intend to use or participate in the Prenatal Yoga Exercise Class and some or all of the facilities and services at Madison Women's Health, LLP, located at 5801 Research Park Blvd, S 400, Madison WI 53719.

I understand that physical and recreational activities, such as those offered at Madison Women's Health, LLP can be strenuous and hazardous. I understand that I may experience bodily injury and potential health risks to myself or my fetus(es) that could lead to possible death. These risks include, but are not limited to the following: injuries to the body including muscles, ligaments, tendons and joints; momentary lightheadedness; fainting; abnormal blood pressure; disorders of heart rhythm; chest discomfort; leg cramps, nausea; stroke, heart attack.

Understanding these risks, I fully accept and assume all such risks, whether known to me or reasonably foreseeable, and I fully accept and assume full responsibility for all losses, costs or damages arising from or in any way related to my use of the facilities at Madison Women's Health, LLP.

I HAVE READ THIS WAIVER AND FULLY UNDERSTAND ITS TERMS, AND I AGREE TO FULLY ADHERE TO ITS TERMS

Participant's Name (Print) _____

Participant's Signature _____

Date _____

PHYSICIAN RELEASE (must be completed before session begins)

I release _____ to participate in the Prenatal Yoga Exercise Class without restrictions.

Parent/Guardian Signature (if participant under 18) _____

Date _____

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