Fitness @ Madison Women's Health LLP

Registration and Participant Waiver Form

Prenatal Yoga Exercise Class—2019

Please check session(s) you wish to attend:

- ☐ 1: January 8 – Feb 12
- ☐ 2: February 26— April 2
- ☐ 3: April 16—May 21
- ☐ 4: June 4 —July 9
- ☐ 5: July 23— August 27
- ☐ 6: September 10 —October 15
- ☐ 7: October 29 — December 3

Please print:

Name: _____

Daytime phone: _____ Email: _____

Preferred method of notification if cancelled or changed: _____

I give permission to release my contact information to other class members: Yes____ No____Email____Phone____

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 Women's Health, 5801 Research Park Blvd, Suite 400, Madison WI 53719

If you wish to pay by credit card, please call us at 608-729-6300 and we will be able to take your payment over the phone.

Session fees are nonrefundable once session begins. You must complete the accompanying waiver form and have the Physician Release section completed prior to starting class.

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, Suite 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 or 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

_____ _____
Parent/Guardian Signature (if participant under 18) Date

PHYSICIAN RELEASE (must be completed before session begins)

I release_____to participate in the Prenatal Yoga Exercise Class without restrictions.

_____ _____
Physician Signature Date