

## Prenatal Yoga Exercise Class—2022

Please check session(s) you wish to attend:

- 1: January 11 – Feb 15  
 2: March 1 — April 5  
 3: April 19 —May 24  
 4: June 7 —July 12

- 5: July 26 — August 30  
 6: September 13—October 18  
 7: November 1 — December 6

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 \$70 (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 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)

**PHYSICIAN RELEASE** (must be completed before session begins)

I release \_\_\_\_\_

to participate in the Prenatal Yoga Class with out restrictions.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if participant under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date