

Prenatal Yoga Exercise Class—2024

Please check session(s) you wish to attend:

- 1: January 2 – Feb 6
- 2: Feb 20 — March 26
- 3: April 9 — May 14
- 4: May 28 — July 2

- 5: July 16 — August 20
- 6: Sept 3— October 8
- 7: October 22 — November 26
- 8: Dec 10 — January 28 (closed 12/24, 12/31)

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 \$85 (for a 6 week session)

***** We must receive payment to hold your spot! *****

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

To pay by credit card, please go to madisonwomenshealth.com/fitnessmwh/prenatal-yoga and click the green "Pay Now" button.

Session fees are nonrefundable once the 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 without restrictions.

Participant's Signature _____ Date _____

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

Physician Signature _____ Date _____