

Highland Hospital Healthy Yoga Momma Prenatal Yoga Program

Highland Hospital's Healthy Yoga Momma Prenatal Yoga Program is a class for pregnant women to learn yoga postures, movements, and breathing designed to increase strength, flexibility and emotional well being during pregnancy and childbirth.

Please print clearly.

Full name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell phone: _____ Other phone: _____

Email address: _____

Emergency Contact (name, phone & relationship to you):

Due date: _____ Health Care Provider: _____

Where do you plan to give birth? _____

Describe any pregnancy-related health conditions:

Describe any non-pregnancy related health conditions, injuries and/or surgeries:

Are you new to Yoga? _____ How did you find out about us?: _____

\$15.00 per class or purchase a Healthy Yoga Momma 10 class pass for \$100.00.

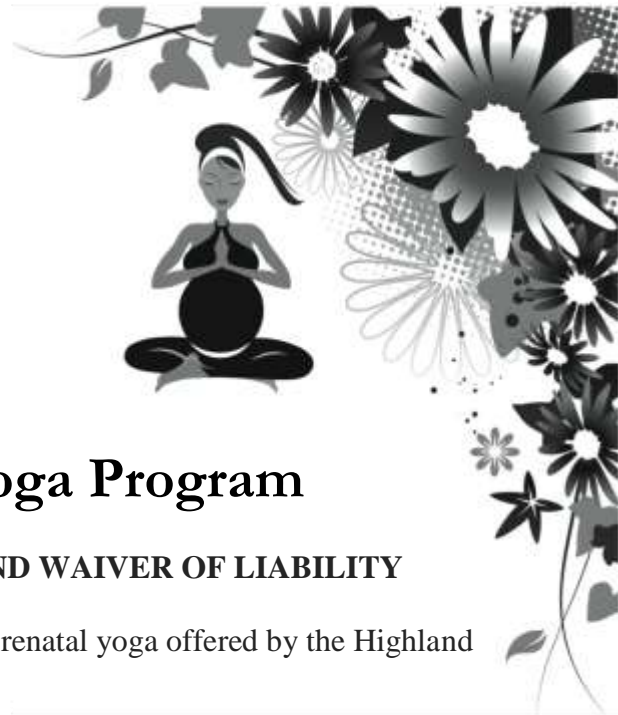
You may pay by credit card or check payable to: **Highland Hospital OB Education**

VISA / Mastercard #: _____ Exp. Date: _____

Please Return To: Highland Hospital OB Education, 1000 South Ave., Box 112, Rochester, NY 14620

For dates and times or to charge by phone or email, Contact Highland's Family Classes at (585) 473-2229

or hhclasses@urmc.rochester.edu Classes begin May 10, 2012.



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PARTICIPATION AGREEMENT AND RELEASE AND WAIVER OF LIABILITY

1. I voluntarily request enrollment in the Healthy Yoga Momma prenatal yoga offered by the Highland Hospital OB Education Department.
2. I understand that the Highland Hospital OB Education Department and its instructors cannot make a determination about the safety of the prenatal yoga class for each individual woman and her unborn child. I have discussed my participation in this prenatal yoga class with my health care provider, including the benefits, risks, dangers, and hazards, and received my health care provider's permission to participate. I agree to keep my health care provider regularly informed of the effects of this class on my body and obtain their permission to continue.
3. I understand that the prenatal yoga classes include physical activity. I recognize that such physical activity may be difficult and may cause or aggravate a physical injury or medical condition. I agree to limit my activity to a level that is comfortable to me, and stop any activity that is uncomfortable. I understand that there is no requirement to perform all of the class exercises, and that I can withdraw from the class at any time.
4. I understand that I am responsible for informing Highland Hospital and my instructors of any previous medical conditions, injuries or surgeries before my first class, and for informing them of any injuries or changes in my medical condition while I am enrolled in the class.
5. In return for Highland Hospital permitting me to participate in the class, I agree to assume and accept full responsibility for all risks arising out of, or related to, my participating in the class, for any injury, loss or damage that I might sustain. I voluntarily release and waive any claim I may have against Highland Hospital, the instructors, and the owner of the premises where the classes are held for any injury, condition or damages that arises, is caused by or is aggravated by reason of my participation in the class.
6. I understand that the tuition and registration fees are non-refundable, and that any refunds shall be entirely within the discretion of the Highland Hospital OB Education Department.
7. I also understand that except for a monetary refund, I have no claims against Highland Hospital, or the owner of the premises where the class is located, if they refuse to allow me to participate in the class.

I have read the above Participation Agreement and Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions as stated above.

SIGNATURE _____ DATE _____

Print Name _____