

# THE MOTHERHOOD C E N T E R

Welcome to The Motherhood Center!

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ YES  NO  Phone \_\_\_\_\_

Partner's Email \_\_\_\_\_

\*We respect your privacy and do not ever release your contact info. Please indicate whether you would like to receive emails about our special events, classes, and newsletter.

OBGYN/Pediatrician's name/Midwife \_\_\_\_\_

Due date: \_\_\_\_\_ Children's age(s): \_\_\_\_\_

How did you hear about The Motherhood Center?

Friend \_\_\_\_\_ Doctor \_\_\_\_\_ Advertisement \_\_\_\_\_ Our Website \_\_\_\_\_ Web search \_\_\_\_\_

Other \_\_\_\_\_

Please indicate the services you are interested in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Yoga and Fitness Classes      | <input type="checkbox"/> Baby Nurse/Doula Services | <input type="checkbox"/> Photography                     |
| <input type="checkbox"/> Pregnancy Education           | <input type="checkbox"/> Retail Products           | <input type="checkbox"/> Nanny Placement and Babysitting |
| <input type="checkbox"/> Massage and Spa Services      | <input type="checkbox"/> Baby Registry             | <input type="checkbox"/> Children's Program              |
| <input type="checkbox"/> Labor Doula Services          | <input type="checkbox"/> Baby Planning Concierge   | <input type="checkbox"/> Support Groups                  |
| <input type="checkbox"/> Breastfeeding and Pump Rental |  |  |

Thank you for visiting us today.

Our mission is to provide you with all the support you need through your journey of pregnancy and into parenthood.

**"Please respect the views of all others at The Motherhood Center. We want the Center to remain a non-judgmental place for education and support."**

**CLASS PASS: Your first exercise class is FREE with this Certificate! One Coupon per Customer.**

Agreement of Release & Waiver of Liability. By signing this agreement, I hereby agree to the following:

1. That I am participating in the Yoga + Fitness programs offered by The Motherhood Center, during which I will receive information and instruction about Yoga and exercise, and I recognize that the class requires physical exertion, which may be strenuous and may cause physical injury, and that I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding participation in the Yoga or exercise class, health program or workshop. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the class I am attending.
3. In consideration of being permitted to participate in the Yoga class, exercise class, health program or workshop, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga class, exercise class, health program or workshop, I knowingly, voluntarily and expressly waive any claim I may have against The Motherhood Center for injury or damages that I may sustain as a result of my participation in the program.
5. I, my heirs, or legal representative forever release, waive, discharge and covenant not to sue The Motherhood Center for any injury or death caused by The Motherhood Center's negligence or other acts.

**I have read the release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated.**

Signature \_\_\_\_\_ Date \_\_\_\_\_