



Welcome to The Motherhood Center!
We would love to stay in touch with you.

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

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

Email \_\_\_\_\_ YES [ ] NO [ ] Phone \_\_\_\_\_

\* 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 newsletters.

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

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:

- Yoga and Fitness Classes
Pregnancy Massage and Spa Services
Baby Nurse/Doula Services
Labor Doula
Breastfeeding Support/Services/Products
Educational classes (childbirth, CPR, newborn care, infant massage, etc.)
Baby Shower Registry
Photography & Birth Announcements
Memberships/Packages
Nanny Placement/Babysitting
Nutrition Information/Support
Child Development Classes
Children's Music
Parenting classes (calm parenting, sibling harmony, potty training, etc.)
Family Support/Family Life Coach / Mentor
Nanny Coach
Support Groups
New Retail Products
Room Rental - Special Events & Parties

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 motherhood.

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 \_\_\_\_\_