



Prenatal Yoga Exercise Class – 2024

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 series is: \$60.00 (6 week session)

Please return this form and payment. We accept checks and all major credit cards. Make checks payable to RAMC. Forms can be mailed to RAMC Rehab Department, 2000 N. Dewey Ave., Reedsburg, WI 53959

If you wish to pay by credit card, please call us at 608-768-6252 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 and have the Physicians 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 RAMC, 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 hearth 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 RAMC.

I HAVE READ THIS WAIVER AND FULLY UNDERSTAND ITS TERMS, AND I AGREE TO FULLY ADHERE TO ITS TERMS.

PHYSICIAN RELEASE (must be completed before session begins)

Participant's Name (Print)

I release _____ to participate in the Prenatal Yoga Class without restrictions.

Participant's Signature Date

Physician Signature Date

Parent/Guardian Signature (if participant under 18) Date