

Pregnancy Yoga Class Registration and Participation Waiver

Waiver:

This is to certify that I, _____ am in good physical condition. My midwife/OB _____ has confirmed this fact and given his/her permission for me to participate in a low-impact fitness class.

I promise to discontinue the class and inform the instructor if any discomfort arises from participation. I also agree that the doctor and staff of Maimonides Chiropractic and the Chabad-Lubavitch of Northern Virginia will not be held accountable should any discomfort or complications arise during or after participation in these classes. I understand that Dr. Statman is not a certified Yoga instructor.

Student's Signature

Date

Student's Printed Name

Personal Information:

Student's Name: _____. Are you a chiropractic patient of Dr. Statman's office? _____

Your baby's Due Date ☺: _____

Address: _____

Phone Number: _____

Whom do we contact in case of emergency? _____

Relation: _____ Phone # _____

Name and Phone Number of Midwife/OB: _____

Email Address: _____

May we send you our periodic enewsletter about natural healthcare? (please circle) Y N

Method of Payment: please circle

VISA

MASTERCARD

PERSONAL CHECK