Medical City Women's℠

Prenatal Yoga

Release of Liability

Name: _____ Birth Date: _____

Address: _____ Phone: _____

City / Zip: _____ Event: _____

Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other _____

How did you hear about this event? _____

□ Email: _____ Are you a MCDH Employee: YES / NO

Are you a medical professional? YES / NO

If yes, please circle:
Pharmacy Nursing Physician Rehab Therapy Radiology Other Allied Health

Please list an emergency contact:

Name_____Phone#_____

********** *Please Read Carefully* **********

***Medical City Dallas Hospital* is offering an opportunity for interested persons to learn and practice hatha yoga (a system of body movement and exercise which can be strenuous) combined with techniques for relaxation. I take full responsibility for knowing and not exceeding my person physical limits in the practice of yoga. It is my responsibility to discuss with my healthcare provider whether I can practice yoga. I release *Medial City Dallas Hospital*, its employees, officers, directors, and agents from all claims arising out of my participation in yoga at Medical City Dallas Hospital. I waive and give up any claim that I might have at any time for injury of any sort against *Medical City Dallas Hospital*, its employees, officers, directors or agents involved in the yoga class I want to take.**

I have carefully read the *Release of Liability*, and fully understand and agree with its terms.

Signed_____Date_____

Your Signature Release

If under 18 years of age:
As legal guardian(s) of _____

Signed_____Date_____

Your Ob/Gyn Physician Signature Release