

 **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 *Medical 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