



HypnoBirthing®Institute

Teaching birthing as an easier, more comfortable celebration of life.

Enrollment Form

(Return with Consent form and a \$75 deposit payable to "Robin B. Frees" Mail to 8 Salibury Lane Malvern, PA 19355)

Dates of the class you want to attend _____

Do you need the Book and the Rainbow Relaxation CD ? (check the box)

Mother's name _____ Home Tel. _____

Maiden Name _____ Age _____

Address _____
Street City/State/Zip

Occupation _____ WorkTel. _____

Employer/Address _____

Due Date _____ Order of Birth (Circle One) 1 2 3 4 5 6

Physician/Midwife _____ Tel. _____

Address _____

Father of Baby Name _____ Age _____ Occupation _____

Name of Birth Companion _____ Age _____ Relationship _____

Address _____ Tel. _____

Educational Level of Mother: 8 9 10 11 12 13 14 15 16 Adv. Degree _____

Educational Level of Father: 8 9 10 11 12 13 14 15 16 Adv. Degree _____

Birthing Facility/Location _____

Previous Childbirth Preparation Class? Yes No

Which _____ Location _____

How did you learn about HypnoBirthing? _____

How did you find this class? _____

Enrollment Agreement

The HypnoBirthing® Institute may contact you for quality assurance and research purposes. If you consent to be contacted now, please note that you are free to change your mind at any time. Be assured that we will not share your personal identifying information with anyone outside the HypnoBirthing® Institute for any purpose. Thank you for your help in collecting data to support the growth of HypnoBirthing®.

I do _____ I do not _____ agree to be contacted by the HypnoBirthing® Institute.

I hereby state that I am enrolling in the **HypnoBirthing®** class of my own free will and with the understanding that this is a program designed to teach me to use my own natural abilities to bring my mind and my body into a state of relaxation. I further understand that the content of these classes is in no way intended to be represented as medical advice nor as a prescription for medical procedure. I am aware that I should seek the advice of a health-care provider to answer any health-related or pregnancy-related issues surrounding my pregnancy, my labor, or my birth.

I therefore agree that I will in no way hold the instructor of the **HypnoBirthing®** classes, or the **HypnoBirthing Institute®**, its owner, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the birth of my child; and I agree that neither I nor any member of my family will make any claim or initiate any suit against any of the above-named parties now or at any time in the future.

Mother's signature

Date