HypnoBirthing®—the Mongan Method Jo Kilburn

www.preciousbirth.com 760-473-1761

Course Enrollment

Tuition fee: \$325.00		
Location:		
I wish to enroll for the HypnoBirthing [®] class begin	nning (date):	
When is baby expected?	How many weeks pregnant will you be when you begin classes?	
Birthing Facility	City	
Care Provider Name & Title	City	
Birthing Assistant	Relationship (doula, friend, etc.)	
Birthing Companion (spouse, partner, etc.)	Relationship	
Preferred email	Permanent Email	
Preferred phone	Alternate phone	
Mailing Address	City, State, Zip	
Mother's Name		

(fee includes textbook, audio practice CD, and handouts.)

Discount available for clients with limited income.

To receive your text and CD prior to the first class (highly recommended,) please send this form with a \$162.50 tuition deposit. We will mail your materials to you.

Make Check Payable to Jo Kilburn

239 4th Street, Encinitas, CA. 92024

HypnoBirthing[®] Course Enrollment Agreement

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 <code>HypnoBirthing</code>® classes, or the <code>HypnoBirthing</code> 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.

The HypnoBirthing® Institute uses online course evaluations and birth report surveys. May we send these to you in the future? 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 \square I do not \square agree to receive online surveys from the HypnoBirthing $^{ ext{ iny 8}}$ Institute.	

Mother's Signature Date