

I.a. birth bliss

www.labirthbliss.com
johanna@labirthbliss.com
(310) 528-2784

Please complete this registration form and return it to johanna@labirthbliss.com

HypnoBirthing Private Session Registration Form

A private HypnoBirthing® program typically includes approximately 12 hours of instruction, although courses can be condensed due to due date or other factors. Most couples interested in a private session prefer to have the course delivered in the comfort of their own home. Other locations are available, if you prefer.

The session fee covers the specified classes for mother and birth companion, and includes the book "HypnoBirthing® - The Mongan Method" by Marie Mongan, two hypnosis CDs, including the HypnoBirthing "Rainbow Relaxation" and Birth Affirmations CD, numerous hypnosis scripts, and class handouts.

Name	
Email Address	
Mailing Address	
Telephone	
Occupation	
Mother's Age	
Birth Companion's Name	
Birth Companion's Email Address	
Relationship to Mother <i>(Spouse, partner, friend, family member, doula, other)</i>	
Birth Companion's Occupation	

Is this your First Child? If no, how many other children do you have?	
Estimated Due Date	
Planned Birthing Environment <i>(Hospital with OB, hospital with mid-wife, birth center, home, other)</i>	
If Hospital or Birth Center, please list the Facility Name	
Care Provider (OB or Mid-Wife) Name	
Are you using a Doula? If yes, what is your doula's name?	
When would you like to have the private session? <i>(Please specify which days of the week and times are best for your schedule.)</i>	
How did you hear about LA Birth Bliss?	

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 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 procedures. 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, labor and birth. I therefore agree that I will not hold the instructor of HypnoBirthing classes or the HypnoBirthing Institute, its owners, or its representatives responsible for any special circumstances that could arise as a result of my pregnancy, labor or birth; and I agree that neither I nor any member of my family will make any claim or initiate any lawsuit against any of the above-named parties now or at any time in the future."

Signing below acknowledges acceptance of the Course Enrollment Agreement stated above.

Print Name	Sign Name	Date