



Name (Mom) _____

Name (Partner) _____

Address _____

City _____ Zip code _____

Due date _____ Phone _____ Email _____

Choice of birth location _____

Name of midwife or doctor _____ Doula? _____

First baby? Or ages of siblings _____

Date of class or series registering for _____

The undersigned agree to save Unfolding Birth harmless from any and all liability, liens, claims, demands, damages, expenses, fees, costs, fines, penalties, suits, proceedings, actions and causes of action of any and every kind and nature arising or growing out of or in any way connected with participation in BIRTHING FROM WITHIN® classes.

Furthermore, we understand that while BIRTHING FROM WITHIN® classes facilitate exploration of various birth options, the mentor (instructor) Deborah Raoult does not give medical advice and we agree to consult a doctor or midwife before making any medical decisions.

Please call Deborah (310-625-3739) to reserve your space in class. The full registration fee of \$375.00 or a \$200 deposit (non-refundable) payable to Deborah Raoult is needed to complete your registration. If a deposit is sent, the remainder of the class tuition is due by the beginning of the first class. Mail to: 1122 Marco Place, Venice, Ca 90291

Class fee covers mother and partner's tuition for the class series and all necessary materials and art supplies used in class.

Signed by (Mother) _____ Date _____

Signed by (Partner) _____ Date _____