



HypnoBirthing® -- the Mongan Method
Rev. Rina Lichtinger

Course Enrollment

Mother's Name

Mailing Address

Preferred phone

Alternate phone

Preferred email

Permanent Email

Birthing Companion

Relationship (spouse, partner, etc.)

Birthing Assistant

Relationship (doula, friend, etc.)

Care Provider Name & Title

City

Birthing Facility

City

When is baby expected?

How many weeks pregnant will you be when you begin classes?

I wish to enroll for the HypnoBirthing® class beginning (date): _____

Location: _____

**Class includes practice CD and handouts
Private classes for only \$480 per couple
Help during delivery \$400 for 2 hours**

To receive your text and CD prior to the first class, please send this form with a \$100 non-refundable tuition deposit. We will mail your materials to you. Make check payable to Rina Lichtinger. Mail it to: 2880 NE 55 Court, Ft. Lauderdale, FL 33308.

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