

# Midwife & Co.

Miami, FL

<http://www.miamicnms.com>

<http://www.theexpressioncenter.com/>

## VBAC Education & Support Workshop Enrollment

The VBAC Education & Support Workshop is a Mother-supported and Provider-led Workshop, providing evidenced-based information and birth stories to Mothers and Mothers-to-be, interested in a TOLAC, Trial Of Labor After Cesarean or VBAC, Vaginal Birth After Cesarean. In the Workshop, we will share information, resources, hypnosis and affirmations to support your mindset and intentions for a positive birthing experience.

Any birth stories shared in the group are to remain confidential. Your enrollment in this workshop is your consent. 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 others in the group, unless done by you or anyone outside of Midwife & Co. or its Providers.

We would also like to share with you the dates of upcoming workshops and groups.

☐ I do ☐ I do not agree to be contacted with upcoming dates.

I hereby state that I am enrolling in the VBAC Education & Support Workshop of my own free will and with the understanding that this group is designed to provide evidence-based information and support. 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 attendees, advocates, providers or supporters of the VBAC Education & Support Workshop, its owner(s), of its representatives responsible for any special circumstances that could arise as a result of my pregnancy, my labor, or the birth of my baby; 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.

I agree not to record, photograph or share any materials or stories presented in the VBAC Education & Support Workshop.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fees: Group Workshop \$25.00 Private Workshop starting at \$95.00

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Name \_\_\_\_\_

Birth Companion Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone(1) \_\_\_\_\_ Phone(2) \_\_\_\_\_

Email(s) \_\_\_\_\_

Birth Assistant \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Cesarean Section \_\_\_\_\_ Location \_\_\_\_\_

Expected Due Date \_\_\_\_\_ Birthing Location \_\_\_\_\_

Doctor/Midwife \_\_\_\_\_

Referred By \_\_\_\_\_

I wish to enroll for group on \_\_\_\_\_ Pregnant ☐ Yes ☐ No

Weeks pregnant at enrollment \_\_\_\_\_ weeks Comment \_\_\_\_\_

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Provider use only:

☐ Group ☐ Private Paid \$ \_\_\_\_\_ ☐ venmo ☐ zelle ck# \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_