



## EMBRANCE THE MOTHERHOOD

“Let's begin this beautiful journey of pregnancy with holistic care for your physical, mental, emotional, and spiritual well-being, enriched with Garbhasanskar, creativity, and mindful activities!”

### **MEMBERSHIP FEES**

- **1 MONTHS RS. 5000 -0 DISC**
- **2 MONTHS RS.9700 (300)**
- **3 MONTHS RS.14000 (1000)**
- **4 MONTHS RS.18000 (2000)**
- **5 MONTHS RS.21700 (3300)**
- **6 MONTHS RS.25000 (5000)**

- **Membership includes:**

- **-5 sessions per week**

- **Prenatal individual class**

- **-Exercise Per class RS.350**

- **-Labor 1 & 2 Rs. 1500 per session**

- **-RS. 1200 per information session**

- **Individual sessions are for:**

- **-Few days left for due date,**

- **-Have medical condition or**

- **-left out with a favorite information topic**

**Mosami Purohit**  
**+91 7574869006**



## EMBRACE THE MOTHERHOOD

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### Programs

#### Information sessions

#### Topics and duration

- **Common Pregnancy discomfort – 1.5 to 2 hours**
- **Diet and nutrition – 1.5 to 2 hours (H)**
- **Infant massage – 1.5 to 2 hours**
- **Garbha Sanskara – 1 hour**
- **Labor and labor support - 3 to 3.5 hours (H)**
- **Lamaze labor session – 2.5 to 3 hours (H)**
- **Breastfeeding – 2 to 2.5 hours (H)**
- **Baby care – 1.5 to 2 hours (H)**
- **Postnatal care – 2 hours (H)**
- **Weaning diet – 1 hour**
- **Parenting – 1.5 to 2 hours**
- **Infant issues – 2.5 hours**
- **Information classes are held with the help of**
- **PPT using Audio Visuals and props.**
- **Handouts are provided for labour & breastfeeding**
- **All sessions will be taken on google meet**

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### Prenatal – Membership Registration Form

#### Personal details:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ (M) \_\_\_\_\_ (Husband’s)

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Pre pregnancy Weight: \_\_\_\_\_ Current weight \_\_\_\_\_

Running week of pregnancy \_\_\_\_\_

Expected due date \_\_\_\_\_

\_\_\_\_\_

#### Gynecologist’s Details:

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone No: \_\_\_\_\_

Medical condition: \_\_\_\_\_

Fitness level: Good/Average/Any problem (Please specify) \_\_\_\_\_

Pregnancy- 1 / 2 / 3 / 4 (delivery details of each )

Program: Prenatal / Postnatal / Information only

Program Duration: 6 Months / 5 Months / 4 Months / 3 Months / 2 Months / 1 Month

How did hear about baby Vedic parenting ? \_\_\_\_\_

Are you on Instagram ? If yes, specify name and picture used. \_\_\_\_\_

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# EMBRANCE THE MOTHERHOOD

## Liability Release Form

I hereby state that I am aware that by enrolling for a course at baby Vedic parenting suggested to participate in exercise session, which can be physically stressful and can result in injury if not done correctly.

By enrolling for a course at Baby Vedic parenting I agree as follows:

1. I understand the risk and danger to me associated with my use of the Fitness Centre, and I do so voluntarily in reliance upon my own judgment and ability. I assume risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to failure of anyone to enforce rules any regulations or inspect equipment or facilities, and negligence of other students or staff.
2. I shall indemnify, defend and save harmless baby Vedic parenting employees from all liability, loss, costs, damages, claims, or causes of actions of any kind or nature whatsoever, and expenses, including attorney fees arising or claimed to have risen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of baby Vedic parenting, its staff or other participants, or by others as a result of my own negligence or intentional acts, during my use of the Baby Vedic parenting studio and activities run within it.
3. I acknowledge receipt of instructions about potential risks, including risks of property damage or loss, personal injury, and death, associated with the use of the Baby Vedic parenting studio, equipment and participation in activities within the Baby Vedic parenting studio. I understand that I am responsible for my safety during use of this facility, and I assume that responsibility.
4. I allow for my phone number to be given to pregnancy, post pregnancy and baby related brands selected by baby Vedic parenting to enhance my knowledge on current products in the market.
5. There is no refund or transfer policy with any of baby Vedic parenting's packages.

I certify that I am at least eighteen (18) years of age, medically sound, and physically fit to participate in the baby Vedic parenting studio activities. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability of the baby Vedic parenting studio or its equipment has been made to me. I certify that I have read the foregoing information and understand it and any questions, which may have occurred to me, have been answered to my satisfaction. I certify that if I am under 18 years of age, that my parent or guardian has explained this form to me and by their signature agrees that they understand this document and will be bound thereby.

I HAVE READ AND UNDERSTAND THIS DOCUMENT, AND AGREE THAT IT WILL LEGALLY BIND ME MY HEIRS, AND MY ESTATE.

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

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