

Phone: \_\_\_\_\_  
(h) \_\_\_\_\_  
(w) \_\_\_\_\_  
(c) \_\_\_\_\_

# Iyengar Yoga Sarasota

CLASS \_\_\_\_\_  
(DAY & TIME)

DATE \_\_\_\_\_

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Yoga Experience \_\_\_\_\_

Regular Exercise (mode, frequency) \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Please circle areas of concern regarding your health. Write pertinent details below or on the back of this sheet (such as when it started, what your symptoms are, etc.)

- |                         |                           |                    |                   |
|-------------------------|---------------------------|--------------------|-------------------|
| Allergy                 | Dizziness                 | Kidney             | Post-partum       |
| Asthma                  | Eyes                      | Knees              | Prolonged Illness |
| Ankles/Feet             | Fibromyalgia              | Liver              | Prostate          |
| Anxiety                 | Gastrointestinal disorder | Lower Back         | Recent Surgery    |
| Arthritis               | Headache                  | Low Blood Pressure | Sedentary         |
| Auto-immune Dysfunction | Heart condition           | Menopausal         | Sciatica          |
| Bladder                 | Heel spur                 | Menstrual problems | Scoliosis         |
| Broken Bones            | High Blood Pressure       | Multiple Sclerosis | Shoulders         |
| Cancer & Type           | Hips/Legs                 | Neck               | Sprains           |
| Chronic Fatigue         | HIV-related               | Osteoporosis       | Spondylolisthesis |
| Diabetes                | Hypoglycemia              | Plantar Fasciitis  | Thyroid           |
| Depression              | Insomnia                  | Pulled Muscles     | Wrist/Hand/CTS    |
|                         |                           | Pregnancy          |                   |

Please describe any conditions and elaborate on those circled with mention of symptoms, chronology of condition, treatment, current situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been in a car accident or had traumatic injury? Yes No If yes, what year?

How did you hear about these classes?

*This form does not claim to treat any of the conditions listed above or any liability, loss personal or otherwise, resulting from the yoga program. Yoga instructions are in no way intended as a substitute for medical counseling.*

- Students may make up a missed class by attending any of the other levels of classes during the same session.
- Student enrollments are non-transferable.

Please call Deborah Di Carlo at 941-538-2238 or Susan Marcus at 941-928-7019 with any questions about the classes. Please register for class and make your payment via the Iyengar Yoga Sarasota link to mindbody.com.

## WAIVER OF LIABILITY/INFORMED CONSENT

I, \_\_\_\_\_, have chosen to participate in a program of strenuous physical activity, including, but not limited to, various yoga exercises offered by Iyengar Yoga Sarasota. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. In consideration of my participation in yoga exercise classes from Iyengar Yoga Sarasota with their agents or substitutes, I, for myself, my heirs and assigns, hereby release Iyengar Yoga Sarasota teachers, their agents or substitutes, and SEBT Works LLC, and its owners, employees, or agents, from any claims, demands and causes of action arising from my participation in the yoga exercise program.

I understand that I may injure myself as a result of my participation in the yoga exercise program taught by Iyengar Yoga Sarasota teachers, their agents or substitutes. I, for myself and my heirs, assigns, personal representatives and next of kin, hereby release Iyengar Yoga Sarasota teachers, and their agents or substitutes, other participants, SEBT Works LLC, and its owners, employees, or agents, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back or foot injuries, and any other illness, soreness or injury however, caused, occurring during or after my participation in the yoga exercise program.

I hereby affirm that I have read and fully understand this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/Guardian's Signature if participant is under 18:

\_\_\_\_\_