

PHONE: _____

Iyengar Yoga Sarasota
@Rosemary Court Yoga
1370 Boulevard of the Arts UNIT D,
Sarasota, FL 34236

DATE: ____/____/____

NAME_____. EMAIL_____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

Yoga Experience: _____

Regular Exercise (mode, frequency): _____

Occupation: _____ Age: _____ Gender: M F OTHER

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

Please describe any conditions that you would like the teacher to know:

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.

SEBT WORKS, LLC DBA IYENGAR YOGA SARASOTA

Informed Consent and Liability Waiver Release for Participation

I agree and consent to the following:

I am voluntarily participating in the classes offered by SEBT WORKS LLC, DBA Iyengar Yoga Sarasota (IYS), conducted by Iyengar Yoga Certified Teachers (IYCT) at Rosemary Court Yoga and/or accessed online via live Zoom™ or class recording. I recognize that classes require physical activity that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned classes. I represent and warrant that I have no medical condition that would prevent my participation in the classes.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the classes. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily, and expressly waive any claim I may have against SEBT Works, LLC DBA Iyengar Yoga Sarasota or instructors for injury or damages that I may sustain as a result of participating in the program.

I, my heirs, or representatives forever release waive, discharge and covenant not to sue SEBT Works, LLC DBA Iyengar Yoga Sarasota for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____. Date: ____/____/____

Print Name: _____.