

Phone: _____
(h) _____
(w) _____
(c) _____

Iyengar Yoga Sarasota at
Rosemary Court Yoga
810 N. Central St.
Sarasota, FL 34236

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 Rosemary Court web site at www.rosemarycourt.com or bring this form with your payment (either cash or check made out to Rosemary Court) to the first class of the session.

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 Deborah Di Carlo or Susan Marcus. 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 Deborah Di Carlo or Susan Marcus with their agents or substitutes, I, for myself, my heirs and assigns, hereby release Deborah Di Carlo, Susan Marcus, their agents or substitutes, and Rosemary Court Wellness Center, 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 Deborah Di Carlo, Susan Marcus, their agents or substitutes. I, for myself and my heirs, assigns, personal representatives and next of kin, hereby release Deborah Di Carlo, Susan Marcus, and their agents or substitutes, other participants, Rosemary Court Wellness Center, 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:
