



Community Yoga + Wellness / Iyengar Yoga North Florida

210 Beech St.

Fernandina Beach, FL 32034

904-613-6345 lisa@iynfl.com www.yoga-amelia.com

NAME _____ EMAIL _____ Age _____

PHONE (h) _____ (c) _____ Birth Day _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Yoga Experience _____ Regular Exercise (mode, frequency) _____

Please circle areas of concern regarding your health. Detail pertinent information below or on the back of this sheet.

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

Please describe any conditions and elaborate on those circled with mention of symptoms, chronology of condition:

This form does not claim to treat any of the conditions listed above. Yoga instructions are not intended as a substitute for medical counseling. If at any point you feel fatigue or over exertion, listen to your body's limitations and rest before continuing and inform the instructor.

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 Lisa Waas. 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 Lisa Waas with her agents or substitutes, I, for myself, my heirs and assigns, hereby release Lisa Waas, her agents or substitutes, and Community Yoga + Wellness, LLC and Iyengar Yoga North Florida, LLC, and its owners, contractors, or agents, as well as Waas Holdings, LLC 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 Lisa Waas, her agents or substitutes. I, for myself and my heirs, assigns, personal representatives and next of kin, hereby release Lisa Waas and her agents or substitutes, other participants, Community Yoga + Wellness, LLC, Iyengar Yoga North Florida LLC, and its owners, employees, or agents, from any liability now or in the future. 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



Look for the Mark of Excellence