

Olympic Iyengar Yoga Student Information

Print Name _____ Sex _____

Address _____ City _____ St. _____ Zip _____

Phone _____ Email _____

Occupation _____ DOB _____ Age _____

New Student / Years of studying yoga _____

Please circle areas of concern or injuries, write pertinent details..ie dates when started, etc.

Allergy	Depression	Knees	Post-partum
Asthma	Dizziness	Liver	Prolonged illness
Ankles / feet	Eyes	Lower back	Prostrate
Anxiety	Gastrointestinal disorders	Low blood pressure	Recent surgery
Arthritis	Headaches	Menopausal	Sedentary
Auto-immune dysfunction	Heel spurs	Menstrual problems	Sciatica
Bladder	High blood pressure	Multiple sclerosis	Scoliosis
Carpal tunnel	Hips/legs	Neck	Shoulder
Chronic fatigue	Hypoglycemia	Osteoporosis	Thyroid
Diabetes	Insomnia	Plantar fasciitis	Wrist/hand
	Kidney	Pregnancy	

Please describe conditions circled above or not listed below _____

List Medications, remedies and supplements used _____

Circle any of the following you have used: Acupuncture, Chiropractic, Chinese Medicine, Deep Tissue Therapy, Homeopathic Medicine, Massage, Physical Therapy, Psychotherapy. Elaborate

Have you ever been in a car accident or had a traumatic injury? _____

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How did you hear about the Olympic Yoga Studio? _____

I do hereby give my permission for my participation in yoga with Olympic Iyengar studio. By signing this waiver, I acknowledge that this is a practice that involves physical movements. I am in good health and able to participate. In consideration of the permission granted to me to participate in yoga classes, I do hereby agree, on my own behalf, to release Olympic Iyengar Yoga, administrators, employees, representatives, and volunteers, from any and all actions, causes of action, damages, claims, or demands of whatever kind of nature which I may have for injuries, known or unknown, which are incurred by, arise from, or in any way relate to my participation in yoga sessions taught by or designed by Olympic Iyengar Yoga. I realize that I am participating in yoga at my own risk. I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. My signature is binding to this liability waiver from this day forth. I have read this release and fully understand the terms. I execute the release voluntarily and with full knowledge of its significance and consequences.

2020

Signature _____ Date _____