

IYENGAR YOGA
ASSOCIATION OF GREATER NEW YORK
INSTITUTES OF NEW YORK & BROOKLYN

First Name _____ Last Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____ Age _____

Who referred you to this class? _____ Date Submitted _____

Please answer the following:

Condition and history of condition (describe briefly)

Reason for wishing to do yoga _____

Doctor's advice or restrictions if any

Do you have any of the following, please check those that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Depression or Insomnia |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Thyroid Condition | <input type="checkbox"/> Menstrual Disorders |
| <input type="checkbox"/> Other, describe: _____ | | | |

Do you take any medication _____

Have you taken Iyengar Yoga before _____ How long _____ How often _____

Name of instructor(s) _____

Postures or elements in yoga that help your condition

Postures or elements that worsen your condition

Do you do any other regular exercise (at least three times a week), if yes please describe

Please complete waiver on the following page

IYENGAR YOGA
ASSOCIATION OF GREATER NEW YORK
INSTITUTES OF NEW YORK & BROOKLYN

First Name

Last Name

I acknowledge that it is my duty to exercise ordinary care for the protection of myself and others while in attendance at yoga classes at The Iyengar Yoga Institute. I was advised by my doctor that I am capable of physical exercise, such as it is provided by The Iyengar Yoga Institute of New York or I will seek such advice, or I will assume the risk of exercising without a doctor's examination.

In consideration of my participation in the classes at The Iyengar Yoga Institute of New York, I myself, my heirs, and assigns, hereby release The Iyengar Yoga Institute (the teachers, the lease holder, the staff, the board of directors, or any person in any way involved therein), from any claims, demands, and causes of action arising from my participation in the exercise program.

I fully understand the risks involved in participation in this exercise program and hereby release The Iyengar Yoga Institute of New York from any liability now or in the future occurring during or after my participation in the yoga classes.

I hereby further state that I have carefully read the foregoing release, know the contents thereof, and sign the same as my own free act.

Signature

Date

Please print legibly and remember to fully complete your questionnaire.

Submit to:

Iyengar Yoga Institute of New York
Attn: Specific Needs Program
150 West 22nd Street, 2nd Floor
New York, NY 10011
Tel: 212-691-9642
Fax: 212-255-1773

Submitting Questionnaires via Email

You may scan all documents into a PDF and email them as an attachment to info@iyengarnyc.org. Please type **Specific Needs Questionnaire** in the subject line.

Once your questionnaire is received, you will be contacted with a date to begin the Specific Needs Class. For that first class, we ask that you arrive at least 15 minutes early to meet with an instructor so that they can become familiar with your needs before the class begins.