Yoga on the Lake Class Participant Form – PLEASE PRINT LEGIBLY

	/			Date of Birth		<i>_</i>	<i></i>
						<u> </u>	
Address:							
Citv:			State: Zip Code:				
mergency Conta	ct Name:			Emergency Nur	nber:		
mergency Conta	ct Relationship:						
1obile:	Home:		Wo	rk Number:			
mail:							
Vould you like to	receive the Yoga on the	Lake Newsletter Please circle		-			
Sports Cor	e Member Hotel Guest				e Area (Chicago Ar	rea
Check all that ap Lower back prob Upper back prob	y have (or do you have ply. Describe pre-exis blems:	ting conditions	- onset/dura	ation/severity/loca			
Neck problems:							
	what levels):						
	nalina						
ivumbness or tin	ngling:						
	D:						
	o: , foot issues:						
	, hand issues:						
Recurrent should	der dislocation:						
	t/muscle sprains or strains:						
Difference in lea	length:						
	nt:						
	ype?):						
Osteoporosis:							
	pressure:						
Car accident res	ulting in injury?						
Are you pregnar	nt?						
Other:							
TICE: By signing derstand and ackno	below, you acknowledge tl wledge that participation in Iditional exertion on your pa	nat the classes offe a HOT YOGA class	ered entail inte				
n consideration o	of the acceptance of my	application to pa	rticipate in a	dult fitness progra	ms, I do l	hereby re	elease
	Core, Yoga on the Lake		-			-	
· · · ·	· -		_		-		
	ctions, claims, or judgm	-		•	_	-	
	, for any injury, damage						
he program or w	hich is in any other way	related to the pr	ogram. I re	present that I have	consulte	d with m	ıy
	ng any past or present ir	-	_				-
	that my physician has a			•	-		-
		= :		-	_		
-	the above persons in p					_	
ny heirs, assigns	and personal representa	atives. I acknowle	edge that the	e above mentioned	may use	photogra	aphs of
ne with or withou	ut my name and for any	lawful purpose in	ncluding pub	licity, illustration, a	dvertisind	g and we	b conte
	,			,,		,	- 2
elease of Liabilit	y (Please Sign):						
Participants under 1	18 need parent or guardian	signature on filo					
aruciparies uriuer 1	o neeu parent of guardian	signature on me.					

Thank you for sharing your practice with us! Namaste,