

YOGA HEALTH AND DECLARATION FORM

- Name:
- Date of Birth:
- Age
- Address:
- Contact phone number
- Email address:

Essential:

- Emergency Contact Name and number
- Do you suffer from high or low blood pressure?
- Have you ever been diagnosed with a heart condition?
- Do you ever experience any chest pains or high thirst?
- Do you suffer from epilepsy?
- Do you suffer from any joint, back or muscular pain? Please outline
- Are you on any prescribed medication, or inhalers (asthma) or have any allergies: If yes, please make sure you bring them with you to the Course each time.
- Have you recently undergone any form of surgery? Please outline
- Have you given birth in the last 6 months or are currently pregnant?
- Please outline over the last 6 weeks what regular exercise you have done, and how you fit you feel

Please read the following statements carefully:

1. Attendant Risk and Discomforts

There are inherent risks associated with yoga training, strength training and other forms of physical activity. Yoga and strength training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, and other discomforts. Yoga training should be modified or postponed if a back/neck disorder or condition is present or if pain or symptoms persist. Nancy is however qualified in basic cardiac life support (CPR) and is trained to watch for any signs or symptoms associated with a poor exercise response.

2. Responsibilities of the Participant

To promote the safety and benefit of your participation in these Yoga sessions, it is important that you fully disclose your personal health history, any medications you are taking, and any symptoms you may be experiencing during exercise. Such symptoms would include back/neck/joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. You should not exceed the recommended exercise intensity and you should not exercise when you are sick or not otherwise feeling well.

3. Benefits to be expected

It is expected that you will see benefits as a result of regular and consistent participation in these sessions. Yoga training typically results in numerous physical and mental benefits (including improved muscle strength ,Improved muscular endurance, increased flexibility, improved lung function, better relaxation).

4. Inquiries

An important part of the informed consent process is providing you the opportunity to inquire about any aspect of the Yoga Classes. If you have any questions or concerns about the class, please feel free to ask

5. Use of Medical Records and Information

Any information gathered in conjunction with the class (such as health history information, exercise risk, instances of joint pain, chest pain, light headedness or dizziness, etc.) will be kept confidential to the extent provided by law. You will be encouraged to allow me to share this information with your physician or primary care provider in an attempt to diagnose or treat a current disease or reduce your risk of developing a more serious medical condition. No identifiable information will be released or revealed to any other party without your written consent. You may be asked, however, to allow certain information (from which your identity is removed) to be used for statistical analysis or research purposes.

Please Read the Following Statement Carefully

I have been examined by a qualified medical doctor within the last 6 months and have been found by such a doctor to be a good physical condition and fully able to perform all yoga exercises which I am keen to learn and perform during my enrolment with you. All the information and exercises given within the course is to be used as a guideline to develop your wellbeing, yet Nancy Braithwaite (BSc Hons) MCSP, qualified Physiotherapist and yoga teacher holds no responsibility for the interpretation of the advice given during or after the sessions. I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Yoga course in which I will be engaged. I accept the risks, rules, and regulations set forth. Should I suffer any illness, injury or loss during the sessions Nancy Braithwaite will not be held responsible. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in this course of yoga.

Name (Print)

Signature.....**Date**.....

Teacher**Date**