

## Yoga with Katie Health Questionnaire



Yoga with Katie

Name:	
Mobile	(optional)
Emergency Contact:	(optional)

If you would like to be included on my mailing list to receive updates to schedules, as well as notification of workshops please include your email below: Please note that the mailing list is held by MailChimp and not on my personal computer. If you do not wish to receive these updates, please do check facebook for any schedule updates or cancellations.

Clients will not be called with any updates.

Email:	
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Year of Birth:	<i>NB: If under 16, parental consent is required.</i>
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Have you done yoga before? Yes/No	
If yes, what type(s) and for how long?	
What is your main reason for wanting to do yoga?	
How did you first hear about this class?	

Which aspects of yoga interest you most (tick all that apply):			
<input type="checkbox"/>	physical postures (asana)	<input type="checkbox"/>	relaxation/stress relief
<input type="checkbox"/>	chanting	<input type="checkbox"/>	breathwork
<input type="checkbox"/>	meditation	<input type="checkbox"/>	philosophy

Do any of these health conditions apply to you?		If yes, please give details (using a separate sheet if necessary)
High blood pressure	Yes/No	
Low blood pressure	Yes/No	
Arthritis	Yes/No	
Diabetes	Yes/No	
Epilepsy	Yes/No	
Heart problems	Yes/No	
Asthma	Yes/No	
Depression	Yes/No	
Detached retina/other eye problems	Yes/No	
Recent fractures/sprains	Yes/No	
Recent operations	Yes/No	
Back problems	Yes/No	
Knee problems	Yes/No	
Neck problems	Yes/No	
Other?	Yes/No	
Are you pregnant?	Yes/No	
Any other conditions which may cause concern when doing yoga? (continue on a separate sheet if necessary)	Yes/No	

Your information is kept secure and is not shared with anyone, unless legally required, or with prior written consent from yourself. This form will remain the property of yourself and Yoga with Katie

Please turn over to read the disclaimer form and sign where indicated.



**Disclaimer Form :**

I hereby agree to the following:

1. I take full responsibility for my health during the yoga classes, including any injuries. I will inform my yoga teacher of any medical changes:
2. That I am participating in the yoga classes or any other exercise programmes offered by Yoga with Katie during which I will receive information and instruction about yoga, physical exercise or health. I recognise that exercise required physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga classes, health programmes or workshops offered by my instructor or substitute teacher.
4. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these yoga classes, health programmes or workshops.
5. If I am pregnant I understand that I participate fully at my own risk and that of my unborn child/children. Please speak to your doctor/midwife and yoga instructor before participating in classes if you are pregnant. Advice about specialised pregnancy yoga teachers will be given.
6. I understand that from time to time during yoga classes, the instructor may physically adjust students' form and posture. If I do not want such physical adjustments I will inform the instructor at each class I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.
7. I take full and sole responsibility from any liability of loss or damage to personal property associated with yoga classes or any other events.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above under my own free will. By writing my name below, I hereby agree to the terms and conditions above.

\_\_\_\_\_  
Signature of participant:

\_\_\_\_\_  
(signature of parent/guardian if under 16)

\_\_\_\_\_  
Date:

