



## YOGA 'Get Acquainted' and Indemnity Form

*(All information given on this form will be treated as confidential)*

*The following information will help your yoga instructor have a better understanding of how best to be of assistance to you. Please feel free to ask your instructor about any yoga or health related concerns you may have.*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth (optional): \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had high blood pressure? \_\_\_\_\_ If yes, is it now under control? \_\_\_\_\_

Do you have thyroid problems or diabetes? \_\_\_\_\_

Are you, or do think that you could be pregnant? Yes / No If yes, for how long? \_\_\_\_\_

Have you had any surgery in the past 12 months? Yes / No If Yes, please specify: \_\_\_\_\_

Do you have any other known health conditions/injuries, past or present, which may cause you difficulty or pain? Yes/No.

If Yes, please specify: \_\_\_\_\_

Have you tried yoga before? Yes / No If yes, what style and for how long? \_\_\_\_\_

What do you hope to gain most from your practice of yoga? \_\_\_\_\_

### **Please read the following carefully and sign below:**

*Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. It is important that you have consulted your doctor before beginning a yoga program or class if you have any significant health problems or are pregnant.*

*I understand that the instructions given throughout the classes are intended as guidance only. I understand that yoga needs to be practiced with awareness. I understand that while all due care will be taken by the instructor; they cannot be responsible for my improper practice at any time. To ensure that no personal injury occurs, I agree to adjust my practice according to my limitations and the decision to perform any yoga postures and practices remains mine. I declare that I will take full responsibility for myself during the classes. I will notify my instructor before each class begins of any recent injury, illness, surgery or pregnancy.*

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

(A parent or guardian signature for students under the age of 18 years)