



## Health Questionnaire and Waiver

INITIAL CLASS FORM: Please fill in this form to the best of your ability, it is only needed once. Many thanks. Although yoga is a gentle practice, where you are encouraged to listen to your own body, it is important I ask the relevant questions below.

If you would like to discuss anything in further detail please send me an email at [sharon@namastehathayoga.co.uk](mailto:sharon@namastehathayoga.co.uk) and we can arrange a time to speak before your session.

Do you currently have any injuries or health conditions I should be aware of? Eg. Epilepsy, low/high blood pressure, pregnancy etc. \* (required)

Are you on any medication that may affect your ability in a yoga or medication class? \* (required)

WAIVER: Do you acknowledge the risk of physical harm and understand you are participating at your own risk and agree full responsibility for any injuries or damages, known or unknown, which might incur as a result of participating in the class? \* (required)

Yes:  No:

WAIVER: If you know of any medical reason that would require a doctor's advice before participating, you have consulted them, and have followed their advice? \* (required)

Yes:  No:

Have you practiced yoga before? If so, what is your experience?

Anything else I should know?