*This questionnaire has been designed to help you to enjoy your class safely and to help your Instructor understand your expectations of class. All information given will remain private and confidential.*

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Email: | | |
| Tel: Home | Work | Cell |
| Address: | | |

Age group *(circle)*: under 16 17-35 36-44 45-64 +65

Have you practice yoga before? Yes/No

If yes, please indicate for how long and which style(s).

Which aspects of yoga are you most interested in? *(check as many as you like)*

⬜ Physical postures (asanas)

⬜ Breathwork (pranayama)

⬜ Relaxation

⬜ Philosophy

⬜ Meditation

⬜ Chanting

Other (please specify):

|  |  |  |
| --- | --- | --- |
| Do any of the following health conditions apply? | | If yes, please provide details. |
| High blood pressure | YES / NO |  |
| Low blood pressure/fainting | YES / NO |  |
| Arthritis | YES / NO |  |
| Diabetes | YES / NO |  |
| Epilepsy | YES / NO |  |
| Heart problems | YES / NO |  |
| Asthma | YES / NO |  |
| Anxiety/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 |  |
| Recent pregnancies | YES / NO |  |
| Are you pregnant? | YES / NO |  |
| Abdominal surgery | YES / NO |  |
| Incontinence (urinary or fecal) | YES / NO |  |
| Pelvic Organ Prolapse | YES / NO |  |
| Pelvic Girdle or Hip Pain | YES / NO |  |

Do you have any other conditions which affect your mobility or are likely to cause you concern while practicing Yoga? Yes/No

If yes, please provide details:

**Waiver**

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. **Those under 18 years of age must have this form signed by a parent or guardian.**

MM/DD/YY

Name (please print) Signature Date

MM/DD/YY

Parent Guardian (print) Signature Date