



## Exercise Safety Questionnaire

Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name & Phone of Emergency Contact Person \_\_\_\_\_

How did you find out about the classes? \_\_\_\_\_

**FOR YOUR SAFETY** *It is advisable to check with your doctor regarding any health concerns. Please circle if any of the conditions below apply to you and read the attached information leaflet which includes precautions that you need to be aware of during a yoga session.*

<i>heart condition</i>	<i>high blood pressure</i>	<i>stroke</i>	<i>asthma</i>
<i>frequent migraine</i>	<i>recent pregnancy</i>	<i>pregnancy</i>	<i>diabetes</i>
<i>multiple sclerosis</i>	<i>recent operation</i>	<i>medication</i>	<i>allergies</i>
<i>joint replacement</i>	<i>osteoporosis</i>	<i>arthritis</i>	<i>injuries</i>

PLEASE GIVE DETAILS IF YOU HAVE CIRCLED ANY OF THE ABOVE OR NEED TO DISCLOSE A HEALTH CONDITION NOT COVERED ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RISKS

I understand that exercise is not without risk. I am aware that despite precautions, injuries can occur including strains, sprains, heart attacks, etc. Understanding these risks I certify that I have voluntarily elected to participate in the movement classes at the Better Movement Studio and do not hold the Better Movement Studio or the teachers responsible for, and indemnify them from, any personal injury, loss or damage, which I may incur as a result of techniques learnt at the classes. (This includes, but is not limited to: practice at home or elsewhere and any injuries incurred by a third party as a result of my instructing others in these techniques). I have completed this questionnaire and have read and understood the PRECAUTIONS.

Signature \_\_\_\_\_ Date \_\_\_\_\_