**GENERAL HEALTH QUESTIONNAIRE and DISCLAIMER - CONFIDENTIAL DOCUMENT**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Tel­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The information requested below will help us to make the classes you attend at Sheepdrove Yoga as safe, productive and enjoyable as possible. Details will be treated in the strictest confidence. If at any time during class you feel discomfort or strain, gently come out of the posture and rest. It is vital in yoga that you listen to your body and always respect its limits, which will vary from day to day.

What is your Yoga Experience:

Do you have any current limitations or injuries:

Do you currently, or have you ever – however long ago, suffered from any Structural damage (Injuries, strains, broken bones, operations, anything that hurts or could be prone to injury in relation to:

|  |  |  |
| --- | --- | --- |
| Head | Neck | Shoulder |
| Arm | Elbow | Wrist |
| Hand | Back/spine | Hip |
| Leg | Knee | Ankle |
| Foot | Other  |  |

|  |  |
| --- | --- |
| * High/Low Blood Pressure
 | * Dizziness
 |
| * Heart condition
 | * Epilepsy
 |
| * Stroke
 | * Multiple Sclerosis
 |
| * Cancer
 | * Arthritis
 |
| * Eye/Ear condition (e.g Glaucoma, Detached Retina, Menier’s)
 | * Migraines/Headaches
 |
| * Diabetes
 | * Asthma/breathing issues
 |
| * Hernia
 | * Nose Bleeds
 |
| * Varicose Veins
 | * Chronic Fatigue Syndrome
 |
| * Digestive issues
 | * Allergies
 |
| * Pregnancy (current or within last 2 years – please give due date or birth date)

Date of Birth  | * Other health condition
 |

Please provide details of anything you ticked above overleaf and ensure you discuss with the instructor before class any of the issues or any other health issues you have and please list below any medication you are prescribed:

Terms and Conditions and Disclaimer for Yoga at or via Zoom from Sheepdrove Yoga

1. Jane Gwillim-David (“the instructor”) accepts no responsibility for any loss, damage or injury to any participants / non participants whether in person of via Zoom, or to the personal property of any participant / non participant (or to any person accompanying whether by invitation or otherwise) who participates in a class in person or via Zoom or who enters upon the instructor’s premises for whatever purpose and uses any equipment on the premises or their own premises for such class and whether such loss, damage or injury is caused directly or indirectly by the Instructor.

2. Every participant in a class by their signature below warrants that to the best of their knowledge and belief they are suffering from no physical disability or illness whether or not such disability or illness is or may be affected by exercise of whatever degree, and further warrants to advise the Instructor before any class if they suffer from such disability or illness and every applicant by their signature agrees to indemnify the instructor in respect of any disability or illness whether suffered in the class or otherwise. Any participant who is suffering from any physical disability or illness is responsible for obtaining their Doctor’s consent prior to participating in any class and informing the instructor in full of the details of his/her disability or illness and notwithstanding the provision of such information the instructor will not be liable for any loss, damage or injury to such participant.

3. All pregnant women participate in any class at their own risk

4.Participants acknowledge there is inherent risk in using any equipment and they assume all responsibility for their use of any equipment

5. By participating in a class, every participant agrees to abide by the instructor’s rules and regulations and understands the instructor reserves the right to refuse entry should these be contravened.

6. During a class the instructor may feel a participant would benefit from a physical adjustment but will only make such adjustment with the consent of the participant; the participant may withdraw such consent at any time by informing the instructor accordingly.

7. Rates for classes are subject to change.

8. Appropriate clothing is required at all times during sessions.

9.The instructor respects your privacy. For the puropose of Data Protection all personal details are treated as confidential and will not be shared with or redistributed to any third party. Please see our Privacy Policy for full details. The participant consents to Sheepdrove Yoga collecting their personal details and holding such details in accordance with the Privacy Policy.

DATE ..........................................SIGNATURE............................................................

