



Health Questionnaire

Name:		Email (please PRINT):	
Have you practiced yoga before? Yes / No		<i>If yes, what type(s) and for how long?</i>	
What is your main reason for wanting to do yoga?			
Do any of these health conditions apply to you?		✓	If yes, please give details:
High blood pressure			
Low blood pressure/fainting			
Arthritis/ joint problems			
Diabetes			
Epilepsy			
Heart condition			
Asthma			
Depression			
Detached retina/other eye problems			
Recent fractures/sprains			
Recent operations			
Back injuries/problems			
Knee problems			
Neck problems			
Osteoporosis			
Carpel Tunnel syndrome			
Hernia			
Recent pregnancies			
Are you pregnant?			
Any other conditions which affect your mobility or are likely to cause you concern when doing yoga?		Yes / No	
<i>If yes, give details:</i>			
Where did you first hear about Yoga Bradford classes?			

From time to time we would like to contact you regarding changes to class schedule (e.g. cancellation due to illness/adverse weather conditions) and to let you know about upcoming events at Yoga Bradford.

Please tick here if you would like to receive this information via email

You can change your preference anytime by unsubscribing from newsletters or contacting yogabradford@gmail.com

Yoga Bradford is committed to protecting your privacy. All medical information is strictly confidential and will be kept on paper only. We promise that we will only use your data for legitimate purposes and will never give or sell your details to anyone – ever – unless you give us explicit permission, or we are legally required to do so. You have a right to see any personal information, which we hold about you on written request. View our privacy policy online at www.yogabradford.co.uk/privacy-policy.

Thank you for taking the time to fill out this form. I hope you enjoy your time here at Yoga Bradford =) We are all gloriously different and have our own path to follow so listen to and honour your body and don't compare yourself to anyone else. This is your personal journey and you are exactly where you need to be. Ease out of any postures if there is any pain/discomfort, rest when you need to, and maintain a smooth flowing breath. Any questions, just ask =)





Student Disclaimer Form

I,hereby agree to the following:

1. That I am participating in the Yoga classes or any other exercise programs offered by Yoga Bradford during which I will receive information and instruction about yoga, physical exercise or health. I recognize that exercise requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga classes, health programs or workshops offered by Yoga Bradford. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in these yoga classes, health programs or workshops.
3. If I am pregnant I understand that I participate fully at my own risk and that of my unborn child/children.
4. In consideration of being permitted to participate in the yoga classes, health programs or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the programs offered by Yoga Bradford.
5. In further consideration of being permitted to participate in the yoga classes, health programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Yoga Bradford. or the instructor for injury or damages that I may sustain as a result of participating in these programs.
6. I understand that from time to time during yoga classes, the instructor may physically adjust students' form and posture. If I do not want such physical adjustments, I will so inform the instructor at each class I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.
7. Ihereby take full and sole responsibility from any liability of loss or damage to personal property associated with yoga classes or any other events.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Yoga Bradford or its employees for any injury caused by their negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above under my own free will.

Name Signature..... Date.....

