Yoga with Poppy is insured for giving sessions of Hatha Yoga. In order to avoid the possibility of injury please answer all the following questions: Clients should have prior approval their Doctors if necessary before doing Yoga. ALL Yellow areas **must** be filled in.

* I do not have any symptoms of Covid 19 or other possible infectious condition(s)
* Please give name of emergence contact details,

Name : . and Phone number : .

* Any things you need to make the teacher aware of – arthritis, heart, Joint or other issues

**Please TICK all conditions that apply to you (please be honest!)**

I have a heart condition

I (sometimes) feel pain in my chest whenever I am physically active

In the past month I have had chest pains when not undertaking physical activity

I have recently lost my balance due to dizziness or lost consciousness

I have a bone or joint problem which could be made worse by physical activity

I am currently being prescribed medication by my Doctor for blood pressure or a heart condition

I am aware of other reasons why I should not take part in the physical activity

I am currently pregnant

I am on / less than 8 weeks since given birth to my baby.

**Please confirm your acceptance of the following statements by ticking each box.**

By completing this Health Screening Form (Par-Q) I confirm that I have responded to the above statements accurately.

If I have highlighted any health concerns detailed above, I understand that I am required to discuss my exercise programme with my Doctor or Health Professional and to take advice on activities which as safe to participate in.

In the event that I have been advised to seek medical clearance prior to undertaking exercise. I agree to contact my doctor and take responsibility for obtaining written permission prior to the commencement of exercise.

Should any change in my Health or unusual symptoms I understand that I must notify teacher immediately of any changes in my Health after completion of this form.

Assumption of Risk: I hereby state that I have read, understood, and answered honestly the questions above. I also state that I wish to participate in activities that will consist of one or more of the following components: free body cardiovascular aerobic exercise, resistance exercise (strength/endurance) and flexibility. I realise that my participation in these activities involves the risk of injury, episodes of transient light-headedness or possible loss of consciousness; and I assume wilfully these risks. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me by my Doctor.

I understand that I may stop or delay any exercise if I so desire, and that the class may be terminated by the fitness professional upon observation of any symptoms of undue distress or abnormal response.

I understand that it is my responsibility to consult with my physician/doctor prior to and regarding my participation in Yoga classes & Training with “Yoga with Poppy”. I represent and warrant that I am physically fit, and I have no medical conditions, which would prevent my full participation in the Yoga class.

In consideration of being permitted to participate in the Yoga class & trainings, I agree to assume full responsibility of any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the class, training, program. And all sessions including Zoom are undertaken entirely & completely at my (attendee) own risk. **If you DO NOT agree please be informed you cannot do any sessions with “Yoga with Poppy”**

**Informed use of the above information of Yoga with Poppy assume no liability for persons who undertake physical activity.**

**Should you be in any doubt after completing this questionnaire you agree to consult your Doctor prior to undertaking physical activity.**

**Declaration I………………………………………………., have read and understood that fitness activities involve a risk of Injury and I confirm that I am voluntarily participating in these activities and using equipment with the knowledge of the potential dangers involved.**

**I hereby agree to assume and accept all such risks of Injury. I will act with all due care to safeguard my own safety and that of fellow students.**

**It is my full responsibility to inform my Yoga Teacher of any changes in my medical condition that may have occurred, including injuries, prior to each class.**

**I understand that the data I have provided is necessary to perform a contract with Yoga with Poppy in either studios/village halls/community halls/zoom classes which provides a service (Yoga)**

**I understand that the information I have provided is because “Yoga with Poppy” has a legitimate interest to protect my welfare during a class and make necessary adjustments to meet my needs.**

**I understand that in relation to GDPR the information provided will be stored in a safe cabinet file and on computer which is password controlled, possibly on third party computers over which Yoga with Poppy had no control. I am happy for my data to be stored in this manner.**

**Printed Name: . Date : .**