



### Qualified Seasonal Yoga Teacher Par-Q form

**This form is information we need about you for health and safety within our class.**

**You may receive class information and /or class cancelation information**

<b>Name</b>	
<b>Email</b> <i>block letters</i>	
<b>How did you find out about us?</b> <i>optional</i>	

<b>Please answer below ...</b>		
<b>Are you Pregnant ?</b>	<b>Yes</b>	<b>No</b>
<b>Do you have High/Low Blood Pressure?</b>	<b>Yes</b>	<b>No</b>
<b>Do you suffer from Asthma, Diabetes or Epilepsy?</b>	<b>Yes</b>	<b>No</b>
<b>Have you ever experience chest pains when exercising?</b>	<b>Yes</b>	<b>No</b>
<b>Do you suffer from any Joint Problems?</b>	<b>Yes</b>	<b>No</b>
<b>Have you been inactive in the last 12 months?</b>	<b>Yes</b>	<b>No</b>
<b>Any recent operations ( 4 months or less)</b>	<b>Yes</b>	<b>no</b>
<b>Are you taking any Medication?</b>	<b>Yes</b>	<b>No</b>
<b>PLEASE NOTE</b> If your health changes or you feel unwell please let us know. If you have a temporary illness such as cold or flu – Please avoid classes until you feel better.  You take full responsibility for your own health and safety during class. If you have any reason to believe you may be at risk, check with your Doctor before taking part in any class  <b>By signing below you agree with our terms and conditions - see separate sheet</b>		
<b>Sign:</b>	<b>Date:</b>	

*We are legally require to keep this information for 7 years it will not be used or shared for any other reason*