



Health Questionnaire

Name	
Date of birth	
Address	
Phone	
E-mail	
Emergency contact number	
Your diagnosis (when was the cancer diagnosed, which type, stage, were the lymph nodes affected)	
Have you had a surgery? If yes, please specify when was it and which part of your body was affected.	
Have you had or are you receiving cancer treatments (chemotherapy, radiotherapy or other therapies)? If yes, please share more details about the type of therapy and when did you receive it. If you are between two cycles please specify when was the last one and when are you expected to continue with your therapy. Describe any side-effects you are currently experiencing.	
Do you have any other health issues?	
Are you taking any medication or supplements? If yes, please specify for which conditions.	
Are you able to do the following with relative ease and comfort? Please underline what is applying to you.	
<i>Stand Sit Lie on your back Lie on your stomach Lie on your side Breathe through your nose</i> <i>Raise your arms (to the side & up)</i>	
Aside from what you have already listed, has your health care team ever said that you should modify your physical activities, or limit your movements in any way?	
Have you practiced yoga before your treatment? Have you done any other exercises before the treatment? If yes, please specify which type of workouts you did and how often?	



Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga is an individual experience. I understand that in yoga class I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing. I confirm that I am physically able to participate in yoga classes and if appropriate a doctor / clinical nurse specialist has agreed that it is fine for me to participate. I agree to inform the teacher if anything changes with my condition or treatment.

Yoga classes disclaimer, agreement of release and waiver of liability form

The contents of this document apply equally to both in person as well as online yoga classes offered by yoga teacher Anita Bubic (branded as Yoga Path Within).

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. You should not participate in yoga classes if you are injured, experiencing pain, if you are pregnant or in postpartum period. If you have a medical condition, you shouldn't participate unless you have first checked with your medical team that is safe to do so and you are following any guidelines you may have been given by your medical or appropriately qualified exercise professional.

Attendees are urged to listen to their own bodies and not to take the practice of yoga to beyond their own capabilities and limitations.

If pain or discomfort is experienced anytime during the practice of yoga it should be stopped immediately and a qualified health care professional should be consulted.

Always follow the safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any discomfort, please do not continue the movement or class.

I understand that it is my responsibility to consult a physician prior to and regarding my participation in the yoga classes offered by Anita Bubic. I represent and warrant that I will follow medical experts advice regarding any conditions which would prevent my full participation in yoga classes.

I am hereby confirming that I am participating in the yoga classes or any other programmes offered by yoga teacher Anita Bubic during which I will receive information and instruction about yoga postures, meditation or pranayama. I recognise 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.

I acknowledge and agree that all classes are carried out at my election and at my own risk. It is my responsibility to ensure that by participating in yoga class I will not exceed my limits while performing such activity and that I will select an appropriate level of difficulty for my own personal skill and ability and condition. Anita Bubic is not responsible for any injuries I may experience as a result of my use of any material found on the website www.yogapathwithin.com or social media platforms connected to the brand Yoga Path Within.

I knowingly, voluntarily and expressly waive any claim I may have against the instructor Anita Bubic for injury or damages that I may sustain as a result of participating in yoga classes. I hereby take full and sole responsibility from any liability of loss or damage to personal property associated with yoga classes.

Privacy notice

All personal information are gathered for sole purpose of registration for yoga classes with Yoga Path Within. No personal information is passed on to a third party.



At any point you may request to see, alter, rectify, file a complaint or request the deletion of your information.

Whilst practising online the student understands that with their camera on, they are visible to the teacher and other attendees who are in the online space.

Health & Safety instructions

- ✓ When practising from home, you accept full responsibility for your space and the health and safety precautions within this space. You must have a suitable space large enough to practice yoga and remove any tripping hazards or obstacles in the way.
- ✓ You must have a yoga mat which is not slippery.
- ✓ Wear suitable and comfortable clothing and practice yoga barefoot.
- ✓ Follow the safety instructions and guidelines given by the yoga teacher and select the practice levels and posture variations suitable for you and your current physical and mental condition.

I have read, understood and agree to the terms of this disclaimer, agreement of release and waiver of liability form and I confirm that I fully understand its contents. I voluntarily agree to the terms and conditions stated above under my own free will.

By booking and attending the class, I confirm to have read, understood and accepted all terms and conditions stated in this document.

Signature:

Date:

Print name:

Please send the signed copy to e-mail yogapathwithin@gmail.com