**Health Questionnaire**

To be completed by yoga class participants for in person and online teaching. All information given will be treated in the strictest confidence and stored in accordance with General Data Protection legislation.

**Personal Details**

Name:

Date of Birth:

Address:

Postcode:

Email:

Telephone

Contact name and number in case of an emergency:

**Medical Conditions** The following information is required to ensure your health. Whilst yoga may be practised safely by most people, there are certain conditions that require special attention. If you are unsure, please consult your GP before commencing class. Please check the boxes below to let us know of any medical conditions and then provide further information:

High blood pressure

Back/neck pain

Knee Pain

Low blood pressure

Hip Pain

Anxiety/depression

Glaucoma

Pregnancy (current)

Low Blood Sugar

Please use this space to comment on any of the above, or to list any other health concerns, injuries, allergies or medical conditions:

**Questions about your yoga practice** – these are optional, but we would encourage you to complete these to help us develop our practice. If you don’t want to complete these questions please move on to the DISCLAIMER and GDPR statement.

How did you find out about Maranatha Yoga:

Are you beginner, intermediate or advanced in your yoga practice:

What are your primary goals for this class?

Please tick the activities you have done:

Yoga

Meditation

Dance

Running

What other forms of exercise do you do:

Do you have a faith or church belonging:

If you’d like to write a bit more about that, please do so here:

**Disclaimer**

**In any physical activity, risk or serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the teacher(s) and Maranatha Yoga from any liability claims.**

**I** **(insert name in box) am participating in classes or workshops with Maranatha Yoga. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions, that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.**

**Signed (electronically):**

**Date:**

**GDPR statement**

In order to comply with the General Data Protection Regulations, it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below (by clicking on the box and making your selection), your agreement, or otherwise, to the following means of communication:

**Email**  **Telephone**  **Post**

**Please email completed forms to:** [**maranathayogacumbria@gmail.com**](mailto:maranathayogacumbria@gmail.com?subject=Maranatha%20Yoga%20Health%20Questionnaire)