Health Declaration
YOGA

Full Name _____ Date _____

Email Address _____ Contact Phone _____

- Have you practiced yoga before? **Yes** **No**
- Are you currently suffering from any medical condition, illness or injury? **Yes** **No**

  if yes, please specify _____

  _____
- Are you pregnant? **Yes** **No**

  if yes, please specify _____

  _____
- Have you been hospitalised in the last 12 months? **Yes** **No**

  if yes, please specify _____

  _____
- Is there any additional information you would like your teacher to be aware of? _____

  _____

The practice of Yoga involves physical activity (Asana), breathing exercises (Pranayama), and meditation. As with all physical activity, the risk of injury, even serious or disabling is always present and can not be entirely eliminated. During class, the Teacher will provide verbal cues inviting you to move and breathe in a particular way, these cues are guidelines only. You should always work to your own ability.

It is your responsibility to consult your GP before beginning a yoga practice, and seek medical consent where necessary. It is also your responsibility to notify the Teacher of any medical condition, pregnancy, injury or ailment (recent or ongoing), prior to every class. Yoga may at times be challenging, but should never be painful. If at any time you believe something is unsafe for you, or that you are unable to participate due to physical injury or a medical condition, you should stop what you are doing and notify the Amy (the teacher) immediately.

By signing your name, you confirm that you acknowledge and agree to the Soundology terms above. You are aware of (and assume) the risks and hazards of participating in Yoga classes, and agree to assume full responsibility for any injuries and/ or damages, which you may incur as a result of your voluntary participation.

_____ _____

Your Name **Your Signature**

_____

Date