



# Body and Soul Yoga (Hatha/Dru)

Name: .....

Address: .....

Telephone: .....

Email: .....

Emergency Phone No: ..... Relationship to participant: .....

What are you hoping to gain from yoga classes? .....

.....

Have you practised yoga before? Y\* / N If Yes, what type? .....

How did you hear about Body and Soul Yoga? .....

The following information is treated as confidential. Please tick if you experience any of the conditions mentioned and provide details that may affect your ability to do yoga. It will help you benefit even more from the classes.

**My general health is:**  Excellent  good  manageable  challenging

**I experience/have experienced:**

- Heart condition .....
- Breathing problems.....
- Joint problems.....
- High blood pressure (**must be controlled before taking part in yoga**) .....
- Back/neck pain.....
- Headaches.....
- Lack of energy.....
- Depression/anxiety.....
- Other health issues.....

I am pregnant Y / N

I am taking the following medication: .....

Please use the space overleaf if you want to provide additional information.

**Disclaimer**

**I take full responsibility for my own health and well being during the class and when I practise anything taught in these yoga classes in another location.**

Signature : ..... Date: .....

***I understand that any photos taken during or after the class may be used for publicity purposes and shared on social media.***