

Confidential Medical Screening



First Floor
4 Bowring Road
Ramsey
IM8 2LQ
Isle of Man

Any change in activity or taking part in an exercise session can increase the risk of injury. You must notify the Teacher before each class if anything changes with your health. Answer honestly, explain any 'YES' answers, and sign below to also confirm that you will:

1. not do anything beyond your ability during the class
2. stop exercising if you feel any pain and notify the teacher/instructor immediately
3. take full responsibility for your health, well being and safety whilst attending the class
4. not hold the teacher/instructor or their assistants responsible for any accident, loss or injury.

1. Have you any kind of heart condition? Or experienced any pain in your chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you ever have dizzy spells, lose consciousness or lose your balance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have any joint or bone problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you have any restrictions in your mobility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you currently pregnant or recently pre/post-partum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you currently taking any medicine that the teacher should be aware of? eg. Pain Management, Insulin, Inhalers, etc? Please list on reverse.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. What goals are you aiming to achieve from attending the class? Mobility/Flexibility <input type="checkbox"/> Strength <input type="checkbox"/> Fitness <input type="checkbox"/> Alignment <input type="checkbox"/> Other <input type="text"/>		
8. Do you take part in other sporting activities? If so, which?	<input type="text"/>	

Please provide the name and contact number in case of emergency:

Name _____ Tel _____

You are signing below to confirm that you have answered honestly and that you will inform the Teacher if your circumstances change before each class starts. If you have answered 'YES' to any of the questions, you are signing to confirm that you have informed your doctor of your intent to exercise and have their approval. You will exercise safely and are doing so entirely at your own risk and you will ask for help if unsure about anything in the class.

If your health situation changes you must seek guidance from a qualified health practitioner and inform your Teacher. You accept that you are taking part in a class where accidents or injury may occur and the Teacher, their assistants or the The Yoga Studio are not responsible for you or your actions.

NOTE: ENTERING THE YOGA STUDIO AND ATTENDING CLASSES IS ENTIRELY AT YOUR OWN RISK.

Signing below also confirms your free, lifetime membership of The Yoga Studio, 4 Bowring Road, Ramsey. (For Fire Regs)

Name Contact No

Email*

*EMAIL ADDRESS IS OPTIONAL AND WILL ONLY BE USED TO INFORM YOU ABOUT CLASSES AND EVENTS AT THE YOGA STUDIO

Signature Date

Consent to physical contact: (LEAVE BLANK IF NO CONSENT)

I consent that the teacher may engage in physical contact with me to make adjustments to my posture and position during classes. I understand that the teacher will ask for permission before any physical contact is made and that I am at liberty to decline at any time. This does not affect my statutory rights.

Signature

Date