



1. What benefits of yoga most interest you? (relaxation, stress management, improved range of motion, flexibility, strength, community connection etc.)

2. Have you ever had whiplash or any other neck problems? If yes, please explain _____
 Yes No
3. Do you have high or low blood pressure? High Low Normal
4. Do you suffer from chronic back pain? If yes, please explain. _____
_____ Yes No
5. Have you ever had back surgery or a serious injury? If yes, please explain. _____
_____ Yes No
6. Do you suffer from insomnia? Yes No
7. Has a doctor ever told you that you have a bone or joint problem (such as arthritis, bursitis, osteoporosis) that has been aggravated or might be made worse by exercise? If yes, please explain. _____
_____ Yes No
8. Do you suffer from diseases of the heart, lungs, kidneys, and/or liver? If yes, please explain. _____
_____ Yes No
9. Are you pregnant? Yes No
10. Are you on any medication? If yes, please explain _____
_____ Yes No
11. Do you suffer from anxiety or depression? If yes, please explain what may trigger these for you.

_____ Yes No
12. Is there anything else concerning your health you should tell your yoga instructor? _____
_____ Yes No

ACKNOWLEDGEMENT AND WAIVER

I, _____, declare the above information to be accurate and true. I acknowledge that I understand that Yoga is not a medical procedure, and the Yoga Teacher will not be providing a diagnosis of any medical problems or concerns, which I may have. I understand that Yoga is a process of integration intended to facilitate wholeness, body-awareness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the Yoga Teacher of any activity or movement which I cannot safely perform, and that I will not perform any activity or movement, which I feel is likely to cause me to injure myself. I agree to hold the Yoga Teacher, the South Okanagan Yoga Academy harmless from any and all responsibility for any injury which I may sustain during or as a result of my Yoga sessions.

Signature: _____

Date: (MM/DD/YY) ____/____/____

