

### Yoga from the Hart Health Survey 2022/2023

1. What benefits of yoga most interest you? (relaxation, stress management, improved range of motion, flexibility, strength, community connection etc.) \_\_\_\_\_
2. Are you allergic or do you dislike any 100% essential oil (not fragrance oil) scents? If yes, please specify.  Yes  No
3. I teach classes using demonstrations and verbal cues. However, in some cases a hand-on yoga assist can be helpful in communicating pose instructions. E.g. Touching the shoulder blades to help indicate where to draw the shoulders back. Are you comfortable with a hands-on assist like this?  Yes  No
4. Have you ever had whiplash or any other neck problems? If yes, please explain  Yes  No
5. Do you have high or low blood pressure?  High  Low  Normal
6. Do you suffer from chronic back pain? If yes, please explain.  Yes  No
7. Have you ever had back surgery or a serious injury? If yes, please explain.  Yes  No
8. 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
9. Do you suffer from diseases of the heart, lungs, kidneys, and/or liver? If yes, please explain.  Yes  No
10. Are you pregnant?  Yes  No
11. Are you on any medication? If yes, please explain  Yes  No
12. Do you suffer from anxiety or depression? If yes, please explain what may trigger these for you.  Yes  No
13. 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.

Print Name: \_\_\_\_\_

Date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

