

# KNOFF YOGA – HEALTH QUESTIONNAIRE

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female (circle)

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish to receive our newsletter by email? Yes/No (circle) Occupation: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Please circle any of the following health issues that apply to you:

Allergies	Broken Bones	High Blood Pressure	Major Injuries or Operations
Arthritis	Cancer	Hospitalised Recently	Neck Pain
Asthma	Diabetes	Hypoglycemia	Other Pain in the Body
Back Pain	Heart Disease	Infectious Disease	Ulcers
Breathing Difficulties	Headaches	Low Blood Pressure	Do you Smoke

Please list any other physical injuries, medications or mental health issues:

\_\_\_\_\_

Are you pregnant? Yes/No (circle) If yes, what is the due date? \_\_\_\_\_ Any complications? Yes/No (circle)

How did you find the Knoff Yoga School? Circle as many as relevant:

AYL Magazine	Friend	Internet	Website
Cairns Sun Newspaper	Flyer	Outdoor Signs	Yellow Pages

If you circled 'Friend', please provide their contact details so we may personally thank them:

\_\_\_\_\_

**Will you please now read the following and sign below if you agree to these terms. For insurance reasons we will be unable to commence your training before you agree to these terms.**

I the undersigned will commence my classes under the following conditions. I know of no reason why I cannot study or participate in Yoga. I agree to follow the teacher's instructions in the classes and at home.

I accept and understand that the practice of Yoga may result in accident or injury and I release Knoff Yoga, Knoff Yoga employees, all Knoff Yoga teachers (including guest teachers) and all other students of Knoff Yoga from any liability or loss sustained while training, studying, practising, or in the application of Yoga.

I understand that Knoff Yoga recommends that mature students or students with a pre-existing illness, injury or condition should seek medical advice before beginning a Yoga study, training or exercise program and should have their health professional monitor that condition as necessary throughout the entire training program. I will not hold Knoff Yoga, it's employees, it's teachers or Knoff Yoga students responsible for doing this.

I understand that all Knoff Yoga fees are non-refundable and non-transferrable regardless of class attendance.

I agree that Knoff Yoga may take photographs and may make video and audio material of student's classes or school events and that these materials may be used for display, books, TV, magazine articles, promotions and or advertising or sold for profit and I hereby waive any compensation to which I may be otherwise entitled for appearing in such materials.

In the event of an emergency, I hereby authorise any licensed medical personnel to perform any accepted medical procedure deemed necessary and I agree to bear all the expenses of any such treatment.

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND I WOULD LIKE TO BEGIN CLASSES.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian signature if under 18 years old: \_\_\_\_\_

NOTE: Knoff Yoga reserves the right to change class times and/or teachers at any time without notice.