

HEALTH QUESTIONNAIRE

KNOFF YOGA and THE YOGA SCHOOL



Student name: _____ Today's Date: / /

Birth date: / / Male Female Occupation: _____

Email: _____ Would you like to receive our e-newsletter? Yes No

Address: _____

_____ Postcode: _____

Phone: Mobile: _____ Home: _____ Work: _____

Emergency Contact: _____ Phone: _____

Where appropriate, please place a tick in the circles below. When answering **Yes** or **Other**, please give details.

Previous yoga experience: No Yes: _____ **Other exercise:** _____

Stress: Low Medium High **Blood pressure:** Low Normal High

Headaches: Rarely Sometimes Frequently **Allergies:** No Yes: _____

Joint pain: Back Neck Shoulders Hips Knees Other: _____

Do you have: Heart disease Diabetes Infectious disease Arthritis Hypoglycemia Other: _____

Breathing: Non-smoker Smoker Asthma Other breathing difficulties: _____

Stomach: Ulcers Other stomach issues: _____

Pregnancies: Past: How many? _____ Current: Any complications/history of miscarriage or cervical insufficiency?: No Yes

Due date: _____

Cancer: No Yes: _____ How long ago: _____

Broken bones: No Yes: _____ How long ago: _____

Operations: No Yes: _____ How long ago: _____

Hospitalisation: No Yes: _____ How long ago: _____

Major injuries: No Yes: _____ How long ago: _____

Medications: No Yes: _____

Mental health issues: No Yes: _____

Do you have any current health issues that are likely to affect your participation in yoga or other forms of exercise? No Yes:

Yes, I agree to immediately advise Knoff Yoga (KY) and The Yoga School (TYS) of any changes in my health condition and confirm this information has been received. I agree to bear all consequences of my failure to do so.

I understand that Knoff Yoga and The Yoga School use physical touch and adjustments in yoga postures (Asana), breath-work (Pranayama) and meditation, and I consent to the use of any such adjustments.

How did you hear about us ?

The Yoga School website Knoff Yoga Website Internet search Other: _____

Australian Yoga Journal Australian Yoga Life Yellow Pages Friend (please tell us so we may thank them):

Flyer Outdoor signage Cairns Life Magazine _____

PLEASE TURN OVER AND SIGN >>



**KNOFF
YOGA**



KNOFF YOGA and THE YOGA SCHOOL **RELEASE AND WAIVER OF LIABILITY**

I, the undersigned, hereby agree to the following:

1. I am participating in yoga classes, workshops, wellness programs, body work, therapy, healing arts activities and yoga teacher training programs (collectively, the “Activities”) offered by Knoff Yoga and The Yoga School and its owners, managers, teachers, workshop presenters, employees and independent contractors (collectively, the “Studio”).
2. I recognise that I must be in adequate physical and mental health to participate in the Activities. I understand that the Activities may require intense physical exertion, and I am physically fit enough to participate in the Activities. I have no medical condition which would prevent my participation in the Activities. I have completed the Health Questionnaire and will advise the Studio of any changes in my health condition. I recognise that the Activities may cause or aggravate a pre-existing physical injury or medical condition. I understand my physical limitations and I am sufficiently self-aware to stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury. I understand that it is my responsibility to consult with a physician before my participation in the Activities. If I have done so, I have taken the physician’s advice. I understand that it is the Studio’s practice to adjust the posture of its students engaged in Activities through the use of touch, and I consent to the use of any such touch. I understand that the Studio reserves the right to refuse my participation in any Activity on any grounds. 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.
3. In consideration of being permitted to participate in the Activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, that I might incur as a result of participating in the Activities at the Studio, including those that may result from the negligence of the Studio.
4. I knowingly, voluntarily and expressly waive any “Claim” (as defined below) I may have against the Studio, its owners, managers, teachers, instructors, workshop presenters, employees, and independent contractors (each, a “Released Party”) that I may sustain as a result of participating in the Activities even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss, cost, or liability incurred in defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the negligence of any Released Party or anyone else. “Claim” includes any and all liabilities, claims, demands, expenses, fees, legal actions, rights of actions for damages, personal injury, mental suffering and distress, or death that I may suffer, my spouse, children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Activity. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim.
5. I hereby understand that the Studio may photograph, video, or otherwise record classes or events and use such content for display, books, TV, magazine articles, social media, promotions, advertising or otherwise be sold for profit. I hereby consent to the use of my image that may appear in any such content and waive any claim for compensation. I understand that any fees I may pay to the Studio for any Activities are non-refundable and non-transferrable, regardless of class attendance. I further understand that the Studio reserves the right to change the time and teachers of any Activities without notice and Studio shall have no liability for any Claim with respect to any such changes.
6. This agreement shall be governed by the laws of the State of Queensland, Australia and that all Claims or other actions relating to this agreement shall be brought in a court located in Cairns, Australia. If any provision of this agreement shall be held unenforceable, it shall not affect any other provision of this agreement and it shall be construed as if such provision had never been contained herein. I have carefully read this agreement and fully understand all of its contents.

Name of participant: _____

Signature of participant: _____ Date: _____