



Yoga/Pilates Participant Questionnaire 2016

NAME: _____ DATE OF BIRTH: _____

STREET _____

ADDRESS: _____ MOBILE _____

No: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ Mobile: _____

RELATIONSHIP: _____

In case of a medical emergency, please accurately answer the following questions concerning your chronic conditions, injuries, and medications taken.

If you have any of the following please answer in detail so that we can tailor the best Yoga/Pilates Program to suit your needs.

Heart condition Yes / No: _____

Pacemaker, blood thinner, surgery Please explain: _____

Pregnant Yes / No If yes, how many weeks? _____

Are you a high-risk pregnancy? If yes, why? _____

Diabetes Yes / No Do you take Insulin? _____

Multiple sclerosis Yes / No How long have you had it? _____

Cancer Yes / No Please list last surgery & current treatment: _____

High blood pressure Yes / No Do you take medication? If so, please list: _____

Detached Retina Yes / No If medically treated how & when? _____

Spinal Injury/ Surgery/ Fusion Yes / No Cervical, Thoracic, Lumbar? Please explain: _____

Sinus problems Yes / No Do you regularly take sinus medication? Y / N _____

Carpal tunnel Yes / No If you had surgery please circle one: L / R _____

Can you put weight on your hands? Please explain: _____

Knee injuries Yes / No If you had surgery please circle one: L / R _____

Can you put weight on your knees? Please explain: _____

Chronic problems Yes / No If yes, please explain: _____

If your doctor has given you instructions or contraindicated exercises and movements to avoid, please explain.

Are you currently under a doctor's care? If yes, please list name and phone number of doctor.

Do you have ANY condition that would require a doctor's approval to participate in practicing Yoga/Pilates?

Do you regularly take any additional medication(s), vitamins, or supplements that would affect your participation in Yoga/Pilates? If yes, please list all.

What do you hope to gain from your Yoga/Pilates practice?

How did you hear about Yoga & Pilates with Cheryl? _____

Consent Form to Participate in Yoga/Pilates Instruction conducted by Cheryl Bruce at Pallarenda Beach, Jezzine Barracks, Hot Rock Adventure Centre and any other location in Townsville.

I, (please print) _____, hereby agree to the following:

1. That I am participating in the yoga/pilates classes offered by Cheryl Bruce during which I will receive information and instruction offered pertaining to yoga, pilates and health. I recognize that yoga/pilates requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga/pilates classes. I represent and warrant that I am physically fit and I have no medical conditions which would prevent my full participation in the yoga/pilates classes.

3. In consideration of being permitted to participate, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in yoga/pilates classes, I knowingly, voluntarily and expressly waive any claim I may have against Cheryl Bruce for injury or damages that I may sustain as a result of participating in the program.

5. I understand that filming and photos may be taken during some classes and I consent to this being used on Social Media, Website and/or for advertising purposes by Cheryl Bruce.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to terms and conditions listed above.

Date _____ Signature of Participant/Guardian if under 18 _____