



Lime Green Yogi

Health Questionnaire

To be completed by yoga class participants for in-person and online teaching.

All information given will be treated in the strictest confidence and stored in accordance with General Data Protection legislation.

1. Your Information

Name: _____

Date of Birth: _____

Address: _____

Email: _____

Telephone (landline): _____

Mobile: _____

Contact name and number in case of an emergency:

Name : _____

Contact: _____

Relationship: _____

2. Your Health

The following information is required for your health and safety. Whilst yoga may be practised safely by most people, there are certain conditions that require special attention. If you are unsure, please consult your GP before commencing class.

Please list any health concerns, recent surgeries, injuries, allergies or medical conditions:

3. Your Experience – these are optional, but you are encouraged to complete these to help with lesson plans. If you don't want to complete these questions please move on to the DISCLAIMER and GDPR statement.

Are you beginner, intermediate or advanced in your yoga practice: _____

What are your primary goals for this class? _____

My understanding of Hatha Yoga is that it is an holistic tool for mind, body and spirit. Yoga Philosophy may be referred to in my classes. Is this acceptable to you? _____

Do you have a particular spiritual path, faith or belong to a faith community that you would like me to know about?

Disclaimer.

In any physical activity, risk or serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of participating in yoga or other activity and releases the teacher(s) and Lime Green Yoga from any liability claims.

*I, _____ * am participating in classes or workshops with Lime Green Yoga. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions, that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.*

Signed: _____

Date: _____

**(please insert name).*

GDPR Statement.

In order to comply with the General Data Protection Regulations, it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below, your agreement, or otherwise, to the following means of communication:

Email : (y/n) _____

Telephone: (y/n) _____

Post: (y/n) _____

This document to be completed by whatever means you prefer (completed in ink/electronically) and delivered to myself either by hand or by email to limegreenyogi@gmail.com

Further info at www.limegreenyogi.co.uk