Medical Questionnaire:

1. Has a doctor ever said you have a heart condition and recommended only

Medically supervised activities? Yes/No

2. Do you have chest pain brought on by physical activity? Yes/No

3. Have you developed chest pain in the last month? Yes/No

4. Have you on one or more occasions lost consciousness or fallen over as a result

of dizziness? Yes/No

5. Do you have a bone or joint problem that could be aggravated by the Proposed

physical activity? Yes/No

6. Has a doctor recommended medication for your blood pressure or a heart condition? Yes/No

7. Are you aware or by doctor’s advice, of any other physical reason that would prohibit

you from exercising without medical supervision? Yes/No

8. Are you or could you be pregnant? Yes/No

9. Do you have any metal plate in your body or suffering from epilepsy? Yes/No

10. Please give details of any other medical condition you have that may affect your

ability to exercise or experience sound healing safely …………………………………………………………………………….……

NAME (Block Capitals): …………………………………………POSTCODE: ……………..………….…

EMAIL ADDRESS (Block Capitals) …………………………………………………………………………

MOBILE NUMBER: ……………………………… DATE OF BIRTH:………………………………..…..

HOW DID YOU HEAR ABOUT US? ………………………………………………………………….…….

HAVE YOU PRACTICED YOGA BEFORE & WHAT STYLE? ………………………………………………………………….……

WHAT IS YOUR MAIN REASON FOR VISITING (I.e. weight loss/stress/ GP recommendation/ well

being etc.) ………..………………………………………………………………………………………………………

Waiver of Liability

I hereby state that I have read, understood, and answered honestly the questions above. Any statements made by me in answering this questionnaire is true and accurate. I also state that I wish to participate in this class. I hereby confirm That I am voluntarily engaging in a suitable level of exercise given my knowledge of my health and taking into account any medical advice I have received.

SIGNED: …………………………………………………… DATE………………………………………

Data Protection

All personal information given by customers is private and will NOT be sold to third parties. What we do with the information we gather: 1. Internal record keeping 2. To update you of changes, terms and conditions and policies. 3.To improve products and services. 4. Promotional information about new products, special offers or other information, which we think you, may find interesting. PLEASE WRITE NEXT TO THIS LINE **“I OPT OUT”** IF YOU WOULD LIKE TO OPT OUT OF THE ABOVE.