STARSEED YOGA

Hedy Stahel
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Initial Intake and Indemnity Form

In order to allow the teacher to take all possible care for your well-being and safe practice of Yoga, please provide the following information which will be held in strictest confidence *(please print clearly).*

- **Personal Details**

Full Name: ..... DOB .....

Address: .....

..... P/code .....

Contact Tel ..... e-mail .....

- **Emergency Contact**

Full Name: ..... Relationship..... Tel:.....

- **Musculo-Skeletal History** **Details / Location in body etc**

Please state any physical issue(s) and provide details:

Muscular pain/stiffness etc No ☐ Yes ☐ .....

Joint injury/disorder *(eg. arthritis)* No ☐ Yes ☐ .....

Have you undergone any surgery? No ☐ Yes ☐ .....

Do you suffer from chronic pain? No ☐ Yes ☐ .....

- What aggravates this pain? *(eg forward bend, backbend)* .....

Do you take any medication? No ☐ Yes ☐ .....

- **Other Medical History**

Please indicate whether any of the issues below apply to you:

High/low blood pressure?	Yes ☐ No ☐	Headaches / migraines?	Yes ☐ No ☐
Heart condition?	Yes ☐ No ☐	Glaucoma?	Yes ☐ No ☐
Epilepsy?	Yes ☐ No ☐	Are you pregnant?	Yes ☐ No ☐
Diabetes or thyroid problems?	Yes ☐ No ☐	Dizziness / nausea?	Yes ☐ No ☐

Any conditions not stated above? Yes ☐ No ☐ *Please specify below*

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- **Stress Check**

How stressed do you consider yourself on a daily basis? Highly ☐ Moderately ☐ Mildly ☐ Not at all ☐

- **Indemnity**

I have received the approval of my doctor/primary health care provider to attend yoga classes. Yes ☐ No ☐

I understand that, whilst the Yoga teacher will take all reasonable endeavours to offer a safe and holistic class for students, I undertake to work within **my own physical limits** during the classes. ☐

I declare that I take full responsibility for my actions whilst on the premises and throughout the classes and release Starseed Yoga and its teachers from any and all liability resulting from my attending yoga classes. ☐

Signature ..... Date .....