

Waiver / PAR-Q (Health Questionnaire)

Please take the time to fill out the Physical Activity Readiness Questionnaire (PAR-Q) before participating in yoga classes.



Have you had or experienced any of the following?

Please tick all that apply.

<ul style="list-style-type: none">• A heart condition	
<ul style="list-style-type: none">• High Blood pressure / low blood pressure	
<ul style="list-style-type: none">• Chest pains	
<ul style="list-style-type: none">• Dizziness / loss of balance / loss of consciousness / fainting	
<ul style="list-style-type: none">• Unreasonable breathlessness	
<ul style="list-style-type: none">• Asthma or COPD	
<ul style="list-style-type: none">• Diabetes type 1 or 2	
<ul style="list-style-type: none">• Musculoskeletal problems that may limit movement	
<ul style="list-style-type: none">• Burning sensations in the legs when walking short distances	
<ul style="list-style-type: none">• Depression	
<ul style="list-style-type: none">• Menopause	
<ul style="list-style-type: none">• Back or neck pain	
<ul style="list-style-type: none">• Glaucoma	
<ul style="list-style-type: none">• Trauma	

Please advise if you have any of the following conditions.

Please tick all that apply.

You are pregnant or have recently had a baby	
You smoke	
Your blood pressure is above 140/90 mmhg	
You are sedentary	
You take prescribed drugs	

Please note your yoga experience so far.

How did you hear about alystringeryoga classes?

Please state your reasons for deciding to take yoga classes.

Waiver / Indemnity

I have read and understood the terms of this PAR-Q, and have answered to my full satisfaction.

I acknowledge that all forms of exercise and yoga are associated with risks of injury. I accept those risks and I take responsibility of this as I participate in yoga classes with Aly.

Name _____

Date _____

Signature _____

