**Emma White Health Questionnaire and Waiver**

The information collected in this form will help you to assess and acknowledge your physical readiness for your yoga class. We will keep the information on record to be used in case of any health emergencies.  
  
If you are between the ages of 15 and 69, these questions will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, please check with your doctor before joining a class (we may ask for a doctor's written approval should there be any concerns).   
  
**Please read each question carefully and answer honestly by indicating YES or NO.**

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had a chest pain when you were not doing physical activity?
4. Do you lose balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing medication for your blood pressure or heart condition?
7. Do you know of any other reason why you should not take part in physical activity? If YES, please comment:
8. If you answered YES to one or more questions, please confirm that you have your doctor's consent that it is safe for you to participate in our yoga classes.
9. If you answered NO to all of the questions, please confirm that to the best of your knowledge, you suffer from no other medical or physical condition or disability that will or might increase the normal risks associated with exercise.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of personal injury, including a small risk of serious injury or death, and agree to take responsibility for my health and well-being in relation to these yoga classes.  
  
I agree to inform you, as soon as possible, if:   
  
- I suffer from any [new] injury, illness or other medical condition;   
  
- I feel any pain or discomfort during a yoga class; or   
  
- I feel that any exercise included in a yoga class would be unsafe or uncomfortable.    
  
We may in our sole discretion prohibit you from participating in a yoga class; and you must comply with all of our instructions in relation to our yoga classes.

I Agree / Disagree

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_