

## Informed Consent

I (please print name) \_\_\_\_\_ understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As in the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Breathe Into Motion Yoga Studios and its teachers.

## Contact and Emergency Information

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

Par-Q is designed to help you help yourself. Many health benefits are associated with regular physical exercise, and the completion of the Par-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life. For most people physical activity should not pose any problem or hazard. Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and circle the YES or NO opposite the question if it applies to you.

|  | YES | NO |
|--|-----|----|
| 1. Has your doctor ever said you have heart trouble?   |     |    |
| 2. Do you frequently have pains in your heart or chest?  |     |    |
| 3. Do you often feel faint or have spells of severe dizziness?   |     |    |
| 4. Has your doctor ever said your blood pressure was too high?   |     |    |
| 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |     |    |
| 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?   |     |    |
| 7. Are you over age 65 and not accustomed to vigorous exercise?  |     |    |

If you have answered YES to one or more question. If you have not recently done so, consult with your physician by telephone or in person BEFORE increasing your physical activity and or taking a fitness appraisal. Tell your physician what questions you answered YES to on Par-Q or present your ParQ copy. After medical evaluation seek advice from your physician for: unrestricted physical activity starting off easily and progressing gradually, restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

If you answered NO to all questions. If you answered Par-Q accurately you have reasonable assurance of your present suitability for: a graduated exercise program. A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.

**Medical Conditions**

Please expand on medical conditions and include a short description of -any medications you're taking. Medical Conditions such as: High/Low Blood Pressure, Glandular Conditions (thyroid, adrenal, etc.), Migraine Headaches, Epilepsy, Diabetes, Asthma, Severe Allergies, Psychological Issues (anxiety, depression, etc.), Circulatory Problems, Digestive Disorders, Eye Conditions (glaucoma, torn retina, etc.), Brain Injury (concussion, surgery, etc.)

**Joint Injuries**

Please be specific when possible to the specific injury. Joint Injuries such as: Low, Mid, Upper Back Pain (degenerative disc, bulging disc, herniated disc, hyper-mobile facets, numbness to extremities, sciatica, etc.), Neck Injuries (disc compression, whiplash, degenerative disc), Knee Injuries (cartilage problems, A.C.L., M.C.L., L.C.L., hyper-mobile patella, tibial insertion tear, etc.), Hip Injuries (hip replacement, injured sacroiliac joint, injured hip joint, strained hip ligaments, etc.), Shoulder Problems (rotator cuff, separated shoulder, frozen shoulder, acromioclavicular joint injury, bicep tendon, etc.), complications from Sprained or Broken Ankle, Achilles Tendon problems, Plantar Fasciitis, Tennis Elbow, Golfer's Elbow, Carpal Tunnel Syndrome, Repetitive Strain, Pulled Hamstring etc..

**Previous Yoga or athletic experience**

Please describe any previous experience you have had with yoga practice or any other athletic discipline.