

Indyoga Physical Activity Readiness Questionnaire (PAR-Q) Health and Fitness Form and Liability waiver declaration

Full name:

Email address:

Town/City:

Contact number:

Date of birth:

Emergency contact name:

Emergency contact number:

Emergency contact relationship:

YOGA

Have you done Yoga before? Yes/No

If yes, what type(s) and to what level/duration?

What is your main reason for wanting to practice Yoga?

Which aspects of Yoga most interest you? Please tick as many as you wish:

Physical practice (Asanas)

Relaxation

Breathwork (Pranayama)

Meditation

Other:

SUP YOGA

Have you done SUP and/or SUP Yoga before? Yes/No

If yes, what type(s) and to what level/duration?

Can you swim 50m?

Are you confident in open water?

What is your main reason for wanting to practice SUP Yoga?

Which aspects of SUP Yoga most interest you? Please tick as many as you wish:

Physical practice

Relaxation and stress relief

Get outside on water

Breathwork (Pranayama)

Meditation

Other:

Please read the questions below and answer each one honestly (tick Yes or No)	YES	NO
Has your doctor ever said that you have a heart condition or high/low blood pressure?		
Do you feel pain in your chest when you do physical activity?		
Do you lose balance because of dizziness or have you lost consciousness in the last 12 months?		
Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
Are you currently taking prescribed medications for a medical condition?		
Do you have a bone or joint problem that could be made worse by becoming more physically active?		
Are you or could you be pregnant?		
Do you know any other reason why you should not do physical activity?		
If YES , please provide further information:		

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NO, to all questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability.

YES, to any of the above then you should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

Please be aware that it is your responsibility to inform us if there is a change to any of your answers on the PAR-Q.

DECLARATION AND AUTHORISATION

I confirm that the information given is a true and accurate statement.

I have read, understood and agree to the Liability Waiver accompanying this PARQ Health and Fitness form.

Signature:

Date:

Print Name:

