



Health Questionnaire

Please complete this form before taking part in a yoga class.

This information is needed to ensure your safety, and is strictly confidential

Name:	Telephone/mobile:	
Date of birth:	Email address:	
Address:	Next of kin:	
Postcode:	Contact details:	
Previous Experience: If you have practiced yoga, please indicate for how long and which style		
Personal aims: What are your main reasons for taking yoga classes?		
Do any of the following relate to you? <i>Please answer yes or no and if yes, give details below</i>		
Joint problems	Back or neck problems	Heart problems
Arthritis	Dizziness	Recent surgery
Respiratory problems	High or low blood pressure	Epilepsy
Ear or eye problems	Current/recent pregnancy	Carpal tunnel syndrome
Anxiety	Depression	Insomnia
Details:		
Are there any other health issues, not mentioned above, which you are aware of?		
Are you taking any medicines? Please specify:		

Emergency Contact Details?	
Name:	
Contact telephone number:	
Relationship:	
Declaration:	
<p>I have read and understood this questionnaire. To the best of my knowledge all the information I have supplied on this questionnaire is correct. I take responsibility for my own health in class and will inform the teacher of any changes to my medical condition as they arise.</p>	
I answered NO to all questions:	
Signature:	Date
I answered YES to one or more questions: <i>tick the box that applies to you</i>	
I have consulted my doctor who has recommended I become more physically active:	<input type="checkbox"/>
I am comfortable with becoming more physically active without consulting my doctor:	<input type="checkbox"/>
Signature:	Date



Yoga Student Waiver Form

Please read carefully and sign the following agreements:

I, _____ (print name), understand that yoga is type of a physical activity and may carry a risk of injury. If I experience any pain or discomfort, I will listen to my body, adjust or change the posture and inform my teacher immediately. I understand that yoga is not a substitute for medical attention, diagnosis or treatment and I also know that all suggestions made by Head and Heart Yoga are just suggestions and I am responsible for consulting a physician with respect to any past or present injury, illness, health problem or any other conditions or medication before starting a yoga practice. I understand that certain physical activities are not safe under certain medical conditions take full responsibility for making the decision to practice yoga. I assume the foregoing risks and accept full personal responsibility for any personal injuries which might incur as a result or participating in yoga sessions. I hereby irrevocably release and wave any claims, cause of action or liability for damages arising from any personal injury to me or other persons or property that I have now or hereafter may have against Samra Hasanovic Juson / Head and Heart Yoga.

Signature:

Date:



Data Protection

We, Head and Heart Yoga as a business have a genuine and legitimate interest to store personal information requested in our health questionnaires. We have a legitimate interest to protect the student during a class and make necessary adjustments to meet their needs. Information stored is the information provided in our health questionnaire.

Head and Heart Yoga may use the information collected as part of their contractual relationship with the student, for example, may process personal data to provide a product of service such as a yoga class, retreat or other related services. We take privacy very seriously here at Head and Heart Yoga. We always manage everyone's data responsibly and take great care to keep it safe and secure. We will not share your data with third parties unless required for the management of our booking system and where required by law. We will disclose your personal data to our service providers, including Glofox, which supplies our cloud business management platform and booking apps. Glofox is also subject to certain obligations with regard to the security of your personal data processed via the booking app.

However, your rights, as set out in this privacy statement in relation to your personal data processed through the Glofox Platform are owed to you by us, and you should contact us at samra@head-and-heart-yoga.com if you have any queries in relation to the use of your personal data through Glofox.

Online classes: Online classes are conducted via Zoom platform. Zoom takes your privacy extremely seriously and only collects the data from individuals using the Zoom platform required to provide the service and ensure it is delivered effectively. As a participant in a meeting you will also have an agreement with Zoom and the data will be collected directly from you and not from Head and Heart Yoga. Head and Heart Yoga records some of the virtual meetings conducted on this platform. Cloud Recordings are processed and stored in Zoom's cloud or Head and Heart Yoga's Cloud after the meeting has ended; these recordings can be password-protected or available only to people in Head and Heart Yoga. If a meeting host enables cloud recording and audio transcripts, both will be stored encrypted. Only the recording of 1-1 meetings are available to the participant student. If you have any questions about the use of your personal data through Zoom please refer to Zoom's [privacy policy](#).

By signing this, you consent that you understand that Head and Heart Yoga will collect and store your personal data for legitimate business reasons.

Signature:

Print Name:

Date:



Marketing

Offers



I'm happy for Head and Heart to let me know about offers related to their services (retreats, newsletters, new classes, workshops and similar business), knowing my details won't be shared. I understand I can withdraw this consent at any time by letting Head and Heart Yoga know in writing, or unsubscribing from the marketing. I however understand that, if such marketing consent is withdrawn, as a student of Head and Heart Yoga, my details will be stored on their system but will not be used for marketing purposes. As a former student, I also understand that my details will be stored by Head and Heart Yoga as required by law.

Signature

CONFIDENTIAL



Photography Consent

Head and Heart Yoga may take photos of you/your child and use them for marketing purposes. Please sign below if you consent/not consent for these photos/video to be taken.

I _____ (print name) give/do not give (please indicate) permission to take photographs and/or video of me/my child/ren _____ (print name(s)). I grant full rights to Head and Heart Yoga to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising publicity or other marketing purposes. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Signature

Date

CONFIDENTIAL