



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

# physical activity readiness questionnaire

DO YOU HAVE OR HAVE YOU HAD, IN THE PAST:

(please provide details on space provided if you answer "YES" to any of the following questions)

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|--|-----|----|
| 1. History of heart problems, chest pain or stroke?                      | YES | NO |
| 2. Increase or decreased blood pressure?                                 | YES | NO |
| 3. Any chronic condition or illness?                                     | YES | NO |
| 4. Recent surgery (last 24 months)?                                      | YES | NO |
| 5. Pregnancy (now or within the last 12 months)?                         | YES | NO |
| 6. Encouraged by a doctor to begin an exercise program?                  | YES | NO |
| 7. History of breathing problems   | YES | NO |
| 8. Muscle, joint, back disorder or any other injury still affecting you? | YES | NO |
| 9. Diabetes or thyroid condition?  | YES | NO |
| 10. Cigarette smoking habit?   | YES | NO |
| 11. Increased blood cholesterol?   | YES | NO |
| 12. History of heart problems in immediate family?                       | YES | NO |
| 13. Hernia?  | YES | NO |
| 14. Are you taking any prescription medications?                         | YES | NO |

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## Release and Waiver

I understand that yoga classes and yoga facilities may involve inherent risks including, but not limited to, physical activity which may result in bodily injury. I for myself, my heirs, executors, administrators and assignees, release and hold harmless the Contract Yoga Instructor, Open Space Yoga, Michael Rudd and his or her respective servants, agents, members, directors, officers or employees from any claims, demands, damages, action or causes of action arising out of or in consequence of any loss, injury or damage to my person or property incurred while practicing yoga at any time or place and, without limiting the generality of the foregoing, specifically, while attending at or participating in yoga classes or workshops or other meetings, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence or gross negligence of the yoga instructor, the yoga studio or his/her servant, agents members, directors, officers, employees or visiting teachers. You agree that we at Open Space Yoga do not examine and may not understand your particular medical circumstances and are therefore not able to assess the suitability or safety of the programs for you. I have read this document carefully and understand that signing this document may affect my legal rights including the right to sue.

Dated at (City) \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Signature or applicant \_\_\_\_\_