

SIMPLY SOULFUL GOAT YOGA – HEALTH QUESTIONNAIRE

How did you hear about Simply Soulful Goat Yoga?

Would you like to sign up to my newsletter? YES/ NO (if yes, please supply email address below)

Your personal information will only be used for marketing communications relating to my business, which I think may be of interest to you. I do not share, or sell, or disclose personal data with third parties (except as set out within my [Privacy Policy](#), which can be viewed on my website). You can [update](#) your subscription preferences anytime on my website.

Participant name and postcode	Mobile Tel Email
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Participant date of birth	Name of emergency contact Tel
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Please list any health conditions that might affect your participation and safety in Goat Yoga today

<u>In particular, please confirm if any of the following apply:</u>		
High/ low blood pressure	Yes	No
Dislocation / hypermobility of joints	Yes	No
Pregnant/ Post-natal*	Yes	No
Arthritis/ recent surgery/ injury	Yes	No
IMPORTANT INFORMATION Gov.UK: Advise pregnant woman to not come into contact with expectant farm animals, due to risk of infection to their unborn baby		

Please list medication	Please list allergies
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Have you practised yoga before?	Yes	No
Consent for gentle hands-on alignment during class	Yes	No

Release of liability:

I understand that Yoga / GOAT Yoga may be physically strenuous. I participate voluntarily with the knowledge that there is a risk of personal injury through both physical activity and interaction with livestock. I accept SIMPLY SOULFUL YOGA is not liable for death, personal injury, loss or damage suffered. I understand that it is my responsibility to advise the instructor if I have a health condition that could affect my safety. I give my permission for my details to be passed onto a medical professional in order to assist with any emergency medical situation that may arise.

<p>Participant Name</p> <p>Parent Name _____</p> <p>(if participant under 16 yrs) _____</p> <p>Date</p> <p>_____</p>	<p>Participant Signature</p> <p>Parent Signature _____</p> <p>(if participant under 16 yrs) _____</p>
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