SIMPLY SOULFUL SUP & SUP YOGA – HEALTH QUESTIONNAIRE

How did you hear about Simply Soulful 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 address	Home Tel		
	Mobile Tel		
	Email		
Participant date of birth	Name of emergency contact		
Age	Tel		
Gender	Relationship to you		
Have you recently had (12 months) or do you have now, any of the following?			
Thrombosis, embolism, phlebitis	Yes	No	If yes, please give details
Infectious conditions, recent accident or surgery	Yes	No	
Cancer, stroke, heart attack	Yes	No	
Diabetes, asthma, epilepsy, black outs	Yes	No	
Arthritis – Osteo/ rheumatoid	Yes	No	
Sciatica, nerve damage, repetitive strain injury	Yes	No	
Hearing, sight, kidney, bladder disorders	Yes	No	
Respiratory, digestion disorders	Yes	No	
Oedema, varicose veins, hernia	Yes	No	
High/ low blood pressure, heartburn	Yes	No	Do you wish to add anything else that
Sleep disturbances, headaches, migraines	Yes	No	may affect your safety?
ME/ Post Viral Fatigue Syndrome	Yes	No	
Anxiety, stress, depression	Yes	No	
Dislocation or hypermobility of the joints	Yes	No	
Pregnant, breast feeding, postnatal, trying to conceive	Yes	No	
Miscarriage/ menstruation imbalance/ IUD (Coil)	Yes	No	
Bone fracture or injury – Shoulder, back, ankle/ foot,	Yes	No	
arm/elbow, hip/ pelvis, head/neck, wrist/ hand, knee/leg			
Are you currently taking medication? Please give details	Do you have any known allergies? Please give details		
Have you practised yoga/ SUP before? If yes, please give details (how long, style, etc.)			
What would you like to achieve from your SUP/ SUP Yoga session?			
If you require a wetsuit, please indicate your size Small/ Medium/ Large/ Extra Large (please circle)			
On a scale of 1 to 10, how would you describe your swimming ability? (1 = cannot swim. 10 = strong swimmer).			
1 2 2 4 5 6 7 0 0 10			
Please circle 1 2 3 4 5 6 / 8 9 10			
Release of liability: I understand that SUP and SUP Yoga may be physically strenuous. I participate voluntarily with the knowledge that there is a risk of personal injury. I accept SIMPLY SOULFUL SUP & SUP YOGA is not liable for death, personal injury, loss or damage suffered. I understand that it is my responsibility to advise the instructor at the beginning of each session if I have any changes in my health. I understand that whilst my personal details will be held in confidence, I give my permission for my personal details to be passed onto a medical professional in order to assist with any emergency medical situation that may arise. I confirm I have read the SUP STATEMENT OF UNDERSTANDING.			
Participant Name	Participant Signature		
Parent Name	Parent Signature		
(if participant under 16 yrs)	(if participant under 16 yrs)		
Date			

SIMPLY SOULFUL SUP & SUP YOGA – HEALTH QUESTIONNAIRE

This form must be read by all participants of SUP and Yoga SUP

SIMPLY SOULFUL SUP & SUP YOGA - STATEMENT OF UNDERSTANDING:

- 1. All participants must listen to safety briefings before taking part in the activity.
- 2. All participants should follow the instructions given by the instructor.
- 3. Strictly no alcohol or recreational drugs to be consumed before or during the activity. If you have taken prescription medication prior to the session, please advise the instructor.
- 4. All protective clothing, including PFD's and leashes must be worn for the duration of the activity, where applicable.
- 5. All equipment must remain on site and be returned to the designated area after use. All equipment remains the property of the supplier and in the event of any damage being caused to the equipment through fault of the user, the participant is liable to pay for the repair/replacement.
- 6. Water sports of any nature can be a dangerous activity. Whilst SIMPLY SOULFUL SUP & SUP YOGA makes all attempts to safeguard participants from such dangers, accidents and injuries can happen.
- 7. All sessions must be booked in advance with full payment (including 50% non-refundable deposit).
- 8. If the participant cancels the booking with 72-hrs notice, they can a) transfer the booking to an alternative date b) retain a class credit for future use, c) receive a full refund. If the participant cancels with less than 72-hrs notice, 50% of the payment is non-refundable and 50% will be refunded via original payment method. If your cancellation is received with less than 24-hrs notice, your full payment is non-refundable.
- 9. SIMPLY SOULFUL SUP & SUP YOGA reserves the right to alter a session at any time due to reasons including, but not limited to, adverse weather and safety concerns. In the event of this happening, participants are entitled to reschedule the date of the session. If no suitable date is available, participants will be offered a full refund.

PLEASE READ THE ABOVE STATEMENTS AND SIGN <u>PAGE ONE</u> OF THE <u>'SIMPLY SOULFUL SUP & SUP YOGA HEALTH QUESTIONNAIRE'</u> TO CONFIRM YOUR AGREEMENT AND UNDERSTANDING:

- 1. I accept that adventure sports such as SUP and SUP Yoga contain an element of risk that SIMPLY SOULFUL SUP & SUP YOGA cannot eliminate without undermining the adventurous experience.
- 2. I agree to take part in this activity and by signing the form, I acknowledge these risks and agree to take part at my own risk.
- 3. I have read the Statement of Understanding and I agree to be bound by them.
- 4. I understand that each SUP/ YOGA SUP session may require me to take part in exercise for several hours. I believe that I am capable of this and I know of no reason why I should not participate.
- 5. I accept SIMPLY SOULFUL SUP & SUP YOGA is not liable for death, personal injury, lost or damage suffered by participants.
- 6. I understand that whilst my personal details will be held in confidence, I give my permission for my personal details to be passed onto a medical professional in order to assist with any emergency medical situation that may arise.