

Yoga Teesside

Physical Activity Readiness Questionnaire (PAR-Q)

Instructor: Maria Dowson

Date:

Participant's Name:

Emergency Contact:

Please answer the following questions honestly. Your responses will help ensure your safety while participating in class.

1. Do you have a heart condition?

Yes / No

2. Do you experience chest pain when you engage in physical activity?

Yes / No

3. In the past month, have you had chest pain when you were not engaging in physical activity?

Yes / No

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes / No

5. Do you have a bone or joint problem that could be aggravated by physical activity?

Yes / No

6. Do you have any other medical condition that might affect your ability to engage in physical activity?

Yes / No

If yes, please specify: _____

7. Are you currently taking any medications?

Yes / No

If yes, please specify: _____

8. Have you been advised by a doctor to avoid physical activity?

Yes / No

9. Do you know of any reason why you should not participate in physical activity?

Yes / No

If you answered "Yes" to one or more questions:

You should consult with your doctor before participating in the yoga class. Please provide a note from your healthcare provider stating that it is safe for you to participate.

If you answered "No" to all questions:

You are cleared to participate in the class.

10. Do you give consent for the instructor to provide physical adjustments or assists during the class to help deepen your practice?

Yes / No

(If you have any specific areas of discomfort or prefer not to receive adjustments, please specify): _____

11. Do you give consent for photographs or videos to be taken during the class for promotional purposes, including use on social media and marketing materials?

Yes / No

(If no, would you like to be approached before any photographs are taken?)

Yes / No

Disclaimer:

By signing this form, I acknowledge that I am participating in the Community Yoga Class at my own risk. I understand that yoga involves physical movement and that I am responsible for my own body and my own physical limits. I assume all risks associated with my participation and release the instructor and organisers from any liability for injuries or damages that may occur during the class.

Participant's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____