

Yoga For Every Body

A Program of United Fitness Center

Participant Questionnaire

NAME:	HM PHONE #:	BIRTH DATE:
EMERGENCY CONTACT:	EMERGENCY PHONE #:	
PRIMARY CARE DOCTOR:	PARTICIPANT EMAIL:	

DO YOU HAVE OR HAVE YOU HAD...	YES	NO	COMMENTS
Pain in your chest at rest? OR during your daily activities of living? OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of balance because of dizziness? OR have you fallen in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease or Cardiovascular Disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking prescribed medications for Heart Disease or High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
A bone or joint problem? This includes Arthritis, Osteoporosis, Joint Replacement, Injury, or Back Problems. If yes, please explain _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	
Any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes, Thyroid Malfunctions	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
A Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other medical condition not listed above? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>	
Have you exercised regularly in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
What do you hope to achieve by participating in this yoga program? _____			

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Informed Consent and Release Form

I acknowledge that I have chosen to participate in the yoga classes held by the United Fitness Center. I further understand that complications may arise during exercise. While these complications are rare, they may include:

- Abnormal Blood Pressure
- Heart Rhythm Changes
- Chest Discomfort
- Heart Attack
- Stroke
- Respiratory Arrest
- Injury
- Death

The United Fitness Center has trained staff to deal with an emergency. I understand that the outcome of an emergency cannot be guaranteed, if one should occur.

It is my job to report:

- Chest pain at rest and/or during exertion
- Dizziness or unusual fatigue
- Diabetes symptoms (feeling faint)
- Any other unusual symptoms before, during, or after exertion

I agree to follow the United Fitness Centers rules, including the completion of a pre-activity health questionnaire prior to participation. I acknowledge that the center will obtain a physician clearance in the event the answers on the questionnaire indicate that I should not participate in a program of physical activity without a physician clearance.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

Privacy Notice: The information on this document will not be shared with non-District 304 personnel without your consent.

I have read and understand this waiver and the assumption of risk. I understand the risk involved with exercise and I desire to participate at the fitness center and assume personal responsibility for my health and safety while participating in this program. I further release United General District 304 from any health problems or injuries that may occur as a result of my participation in this program.

In signing my name below, I have given my consent and release as described above. I voluntarily consent to taking part in the yoga program at the United Fitness Center and I understand that I may withdraw at any time.

Print Name _____

Signature _____

Date _____

Witness _____

