HOT YOGA WITH ELLA

HEALTH DECLARATION & WAIVER

Participant details

Full name: _____

Date of birth: _____ Phone/email: _____

Emergency contact name: _____ Phone: _____

Health declaration

Please answer YES or NO to each question and provide details where required.

1. Have you been advised by a doctor or healthcare professional not to exercise or to restrict exercise? YES / NO

2. Do you have a medical condition that may affect your ability to exercise or tolerate heat? YES / NO

3. Do you have a heart, blood pressure, circulation or respiratory condition? YES / NO

4. Do you have a history of fainting, dizziness, heat intolerance or heat-related illness? YES / NO

5. Do you have diabetes, epilepsy or another condition that may require special consideration during exercise? YES / NO

6. Are you currently injured, recovering from surgery or experiencing significant pain or restricted movement? YES / NO

7. Are you taking medication that may affect hydration, blood pressure, heart rate, balance, sweating or exercise tolerance? YES / NO

8. Are you pregnant, recently pregnant or post-partum? YES / NO

9. Do you have any other health condition, limitation or circumstance that your instructor should know about? YES / NO

Details / relevant information:

_____

_____

_____

Important information for heated yoga

Hot yoga is physically demanding and takes place in a heated environment. Potential risks include dehydration, dizziness, nausea, fainting, heat exhaustion, heat-related illness, changes in blood pressure, muscle strain, joint injury and other physical injury.

I understand that I must hydrate appropriately, work within my own limits and immediately tell the instructor if I feel unwell or unable to continue safely.

I understand that I should seek medical advice where appropriate before participating, particularly if I have a health condition, injury, medication or other circumstance that may affect exercise or heat tolerance.

I understand that instructors are not medical professionals and that yoga classes do not constitute medical treatment or medical advice.

Ongoing duty to update

I agree to notify my instructor before participating if there is any change to my health, medical condition, medication, injury, surgery, pregnancy, post-partum status or any other circumstance that may affect my ability to participate.

I understand that I may be required to complete an updated Health Declaration & Waiver before returning to class.

I understand that failure to provide relevant or updated information may affect my ability to participate safely.

Participant acknowledgement and waiver

I confirm that the information I have provided is accurate and complete to the best of my knowledge.

I understand the nature of heated yoga and the risks associated with physical exercise in a heated environment.

I agree to follow reasonable instructions given by the instructor, monitor my own condition and stop/leave the heated room if I feel unable to continue safely.

I confirm that I have had the opportunity to ask questions about participation and understand that I may decline any physical adjustment.

I understand that nothing in this declaration excludes or limits any legal rights or liability that cannot lawfully be excluded or limited.

Participant signature: _____ Date: _____

Name: _____

For studio use

Declaration reviewed by: _____ Date: _____

Further information/clearance requested: YES / NO

Notes:

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