



Physical Activity Readiness Questionnaire (PAR-Q)

StretchBodyMind is committed to your health and wellbeing. Therefore, I request that you complete this physical activity readiness questionnaire which will allow me to be better informed to meet your specific fitness needs and to plan a suitable exercise programme for you.

Name: _____

Address: _____

Email address: _____

Contact Telephone Number(s): _____

Date of Birth: _____ Gender: _____

Please tick if you have any of the following:

- Family history of heart disease, stroke, raised cholesterol or high blood pressure
- Bone or joint problem that could be made worse by a change in your physical activity
- Diabetes (insulin dependent, non-insulin dependent, etc.)
- Asthma or chronic obstructive pulmonary disease (COPD)
- Are you on any prescribed medication which could affect your ability to undertake physical activity?
- Are you pregnant (and, if so, how many weeks) or have you recently given birth (and, if so, when was your baby born and what type of delivery did you have)? _____
- Have you had surgery within the past 2 years? If yes, what type? _____
- Do you have any other health concerns which could be affected by taking part in a physical activity?

If you ticked one or more box(es) please speak to your doctor before starting a new activity.

I, the undersigned, am aware that certain elements of this course can be physically demanding. As a condition of my enrolment I accept full and complete responsibility for my participation in the practical elements of the course.

I understand that from time to time during yoga classes, the instructor may physically adjust students' form and posture. If I do not want such physical adjustments, I will so inform the instructor at each class I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time.

I understand that, as an accredited training provider with awarding bodies Active IQ and Yoga Alliance Professionals, StretchBodyMind is subject to both Internal and External verification and I agree to observe verification procedures.

I agree that StretchBodyMind is free from any and all liability for any death, injury or health problem that may result from, or be aggravated by, my participation in this course.

I the undersigned, confirm that I have read and fully understand the policies contained in the StretchBodyMind Terms & Conditions.

Signature: _____

Date: _____