



**GHERANDA SAMHITA HATHA YOGA TEACHER TRAINING®**

**STAGE 1 AND STAGE 2 FOUNDATION LEVEL 1 ADVANCED - 250 HOUR-17 DAYS INTENSIVE**

**PARTICIPANT'S HEALTH QUESTIONNAIRE**

Last Version.Updated 6.5.2015

**DISCLAIMER:** \*The 17 Day TEACHER TRAINING 250 hour program has an intensive practicum schedule of approximately 7/8 hours classroom hours and 2 hour homework per day including weekends for the entire course duration, and curriculum that is physically, mentally, and emotionally demanding. In considering whether or not to enrol, let it be emphasized that there is an extensive quantity of advanced Yogic material condensed into three week training. Please do not underestimate the mental and physical demands which will be placed on participants. We ask that you seriously evaluate your levels of physical, psychological, and spiritual maturity before enrolling in this course. To be admitted, you must demonstrate medical and mental health and readiness to fully participate in the demands of the program.

**1. PERSONAL DETAILS** - Please read carefully this is a legally binding document. Please read carefully before considering to enrol. This is a three pages legally binding document.

Family Name (Surname)			
Given Name			
DOB:	Day:	Month:	Year:
Gender:	Male	Female	
Address (cannot be a PO BOX)			
Suburb:	Postal Code	City:	State:
Home Phone:		Mobile:	

**2. PLEASE TICK RELEVANT BOX: YES NO**

Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	YES	NO
Do you have a chest pain brought on by physical activity?	YES	NO
Have you developed chest pain recently?	YES	NO
Do you suffer from back or neck pain?	YES	NO
Do you have any known respiratory problems e.g. asthma?	YES	NO
Do you or have you ever suffered from any joint pain or problems that could be aggravated by physical activity?	YES	NO
Do you ever feel faint or have dizzy spells?	YES	NO
Have you ever lost consciousness or fallen over as a result of dizziness?	YES	NO
Do you or have you ever suffered from High or Low blood pressure?	YES	NO
If so, did your doctor ever recommend medication for this?	YES	NO
Do you suffer from any allergies?	YES	NO
Do you take any regular medication?	YES	NO
Do you suffer from diabetes or epilepsy?	YES	NO
Have you been admitted to hospital within the last three years?	YES	NO
Are you pregnant or have you had a baby in the last nine months?	YES	NO

Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?	YES	NO
Do you have any other medical conditions that are not mentioned above?	YES	NO

### 3. LEARNING IMPAIRMENT QUESTIONS

Do you consider yourself to have a disability, impairment or long term condition? If YES, then please indicate the areas of disability, impairment or long term condition: (You may indicate more than one area)	YES	NO
Hearing/Deaf	YES	NO
Physical	YES	NO
Intellectual	YES	NO
Learning	YES	NO
Mental Illness	YES	NO
Vision	YES	NO
Other (Dyslexia; Visual Processing Disorder; Dysgraphia etc. that does not affect the body functions but can slightly impair the way information are processed.	YES	NO

### 4. DO YOU HAVE A MEDICAL (OR OTHER) CONDITION THAT MAY PREVENT YOU FROM PERFORMING THE FOLLOWING?

Any Yoga Asana/s	YES	NO
Any Pranayama Techniques	YES	NO
Any Meditation Techniques:	YES	NO
Any Communication skills:	YES	NO
Any Group or Partner work:	YES	NO

### 5. IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN SECTION 1-2-3 PLEASE STATE YOUR CONDITION:

Please specify your condition and any treatment you are having for this condition?	YES	NO
Have you had recent surgery?	YES	NO
If you had recent surgery, please specify:	YES	NO
Do you have or need doctor's clearance to practice Yoga?	YES	NO
Do you have an existing knee, shoulder, ankle, neck, elbow, lower/upper back injury? If Yes, please obtain a letter from you GP stating the nature or seriousness of your injury and confirmation from the GP that your injury will not be aggravated by the practice (intensive-moderate) of yoga asanas, pranayama and meditation techniques. Please e-mail the letter at the time of lodging the Application or the application will be rejected.	YES	NO

## 6. PLEASE READ CAREFULLY:

Yoga is safe and beneficial when practiced CONSCIENTIOUSLY and CONSCIOUSLY.

Every possible care will be taken by your Yoga Teachers/Trainers for your well-being, but she/he cannot be responsible for improper practice at any time.

Your Yoga Teachers/Trainers must be informed before class begins of any recent injury, illness, surgery, or commencement of pregnancy. Failure to do so you'll be held entirely responsible and legally liable for any consequences as a result of not informing the teacher(s).

## 7. APPLICANT'S DECLARATION

### I, acknowledge that:

1. Yoga Alliance Australia has provided me with this HEALTH QUESTIONNAIRE for qualifying as being physically and psychologically healthy and fit in the 250 hour GHERANDA SAMHITA HATHA YOGA TEACHER TRAINING 17 Day Foundation Level 1 Advanced and that I have been given time to consider the contents and impact of this agreement.

2. That to the best of my knowledge the information given is correct and that I know of no other reason why I should not participate in a course of yoga/exercise.

### By signing this form I agree:

1. That whilst participating in any physical activity I realise that there is always risk of injury and I enter any exercise programme entirely at my own risk. I voluntarily assume full liability and accept the risk of harm, including physical injury and discomfort as a result of my participation in the various activities in this Course.

2. That I must seek medical guidance from my doctor should there be any change in my current health before or during participating in any physical activity.

3. To keep the teacher/s informed should there be any changes in my current health status.

4. The instructors and Yoga Alliance Australia cannot accept liability for any loss or injury occurred during their lessons and will not accept responsibility for any valuables or belongings whilst involved in a lesson or on the premises.

5. Yoga Alliance Australia has the right to rely on the disclosures made by me:

a) in this Health-Form; and b) during the term of the course.

### I, herein acknowledge the statement below provided to me by Yoga Alliance Pty Ltd:

I, or anyone who could claim in my name or on my behalf, do hereby voluntarily waive, release and forever discharge Yoga Alliance Pty Ltd and its officers, venue owner (s) manager (s) course teachers, course assessors, a employees, representatives and agents from any and all liabilities for injuries or damages resulting from my participation in the activities during the course of this training and hold them harmless from all claims which may be brought against them for any such injuries or claims as aforesaid and all costs and expenses incidental thereto.

I declare to have read and fully understand the Disclaimer below also printed on page 1 of this Form and that it is my voluntary decision to enrol on the intensive GHERANDA SAMHITA 250 hour Teacher Training Course.

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APPLICANT'S NAME:

APPLICANT'S SIGNATURE:

DATE: