

Client contact Information	Emergency Contact Information
Name	Name
Date of birth	Date of birth
Address	Address
Contact number	Contact number
Email	Email
to be aware of. Physical, mental an	anything that may affect your yoga practice that I need d emotional.
Medical history: Please list any ma	jor injuries or operations
Are you taking any prescribed medi	ications for any of the above?

Are you receiving treatment for any diagnosed medical conditions?	
Please state if you are affected by any of the following, as they will require modifications for you to safely practice yoga.	
<ul> <li>High blood pressure</li> <li>Low blood pressure</li> <li>Neck issues</li> <li>Shoulder problems</li> <li>Spinal injury</li> <li>Back problems</li> <li>Hip problems/ replacement</li> <li>Knee problems/ replacement</li> <li>Arthritis, please state</li> <li>where</li> <li>Abdominal surgery</li> <li>None of the above</li> </ul>	
Please indicate if you are affected by any of the following	
Dizzy spells or fainting Shortness of breath Panic attacks	
Depression Anxiety Trauma Allergies Osteoporosis Epilepsy Diabetes Hormonal issues None of the above	
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Anxiety Trauma Allergies Osteoporosis Epilepsy Diabetes Hormonal issues None of the above  Are you currently pregnant or have given birth in the last 6 months? If yes, you may be better suited to attend a prenatal / postnatal yoga class run by a professional yoga teacher	

Do you have any disabilities or special requirements?	
Are there any additional comments you would like to share about your health or have any questions or concerns?	
Practicing yoga holds vast benefits to overall health and wellbeing, it is a powerful practice that can be physically challenging and carries with it risks that cannot entirely be eliminated. These include the risk of personal injury, or the exacerbation of existing injuries or conditions, or damage to property around you during your participation.  Please be aware that I am not qualified to express an opinion that you are fit to safely participate in any yoga classes. You must obtain professional or specialist advice from your doctor before	
participating if you are in any doubt.	
I, the undersigned, acknowledge that I am 16 years of age or over and have voluntarily chosen and requested to participate in the class, workshop, event, or activity.	
I expressly waive and release any claim that I may have at any time for injury of any kind against Fabrikaty'd Yoga, or any person or entity involved with Fabrikaty'd Yoga.	
Declaration	
I declare that the information in this form is true and complete. I accept that it is my responsibility to keep the yoga teacher updated of any changes in my health or medication.	
I consent to participating in online yoga classes and where necessary I have received prior permission from my medical professional(s).	
Signature:	
Print Name:	
Date:	

#### FORMAT:

#### Remote/online

Sessions can take place online via Zoom or in person.

Zoom sessions will last for 1 hour:

1 hour

- -You will need a working webcam, microphone and speakers whether built into your device or external (please let me know if you are having technical difficulties before or at the beginning of a session and we can plan accordingly)
- -Please join sessions from a quiet, private space where you are comfortable and ideally, have some room to move around

## **In-person sessions**

- -In person classes will be 60 minutes long
- -The cost of hiring the space is built into the session/block fee
- -Please wear comfortable clothing. You may want to bring water with you.
- -Please contact me if you are having trouble finding the venue or are delayed. Sessions usually cannot be extended if they start late. Access to venues is not guaranteed any earlier than 10 minutes before the agreed start time.
- -Please observe Covid safety and do not attend if you have tested positive or are experiencing symptoms. Please let me know if you have any concerns about safety measures in the space we are using.

## **Booking and cancellation**

Sessions cancelled within 24 hours are charged at the full rate. I may use my discretion to waive fees in occasional emergency situations.

In order to get the most from sessions, committing and investing in yourself is key. I recommend booking in blocks in order to benefit from structure and consistency. Standard blocks are 6 sessions.

I recognise that some circumstances, such as chronic health issues or caring responsibilities can make this difficult. I am happy to discuss what you need in order to make sessions more accessible.

## Data protection and privacy

- I will only hold information about you that is relevant and proportionate to our yoga sessions, and will destroy any data after two years from the end of our contract. I will not pass on your data to third parties without your express permission.
- This contract assumes consent to the following data being held about you any additional data will only be collected with your express permission:
- -Name and contact details
- -Emergency contact details
- -Equalities Monitoring information, should you wish to share this (e.g., gender, ethnicity, disability)
- -Any relevant medical information you wish to share
- Any data accessible via my smartphone is also protected by a passcode and is GDPR complaint via Apple software.
- Paper client notes are filed securely in my home or carried by me personally.

# Your Rights:

Please read and sign below

- You are entitled to request access to the data I hold about you, to verify it is lawfully processed. I will respond to any request within 30 days.
- You also have the right to request correction of any data that you feel is inaccurate or incomplete. At any time you may unsubscribe/be removed from my newsletter and other marketing.
- You may ask to be deleted from my database and have your notes destroyed once the legal timeframe outlined above has lapsed.

I have seen this document and understand that you will hold and use my personal information, using it in order to provide me with the best possible treatment options and advice in line with the statements above.
Signature:
Print Name:
Date: