

## DIANE LEE – HOT YOGA CONSENT AND DECLARATION FORM

Please complete all questions on this page. All information provided will remain confidential.

**Name:**

**Address:**

**Contact numbers:**

**Home:**

**Work:**

**Mobile:**

**Email address:**

Please tick the box if you would like to be added to Diane Lee's newsletter

**Date of Birth:**

**Contact details of the next of kin:**

**Doctors Details:**

**Occupation:**

**Sport(s)/Other exercise taken:**

**Please circle if you are suffering/have suffered from any of the following:**

|                              |                            |                            |
|------------------------------|----------------------------|----------------------------|
| Tuberculosis                 | Eating or Mental Disorder  | Heart condition/Angina     |
| Blood Coughing               | Epilepsy                   | High or Low Blood Pressure |
| Coughing or hoarseness       | Thyroid disorder           | Cancer                     |
| Genito-Urinary Complaints    | Pneumonia or Pleurisy      | Asthma                     |
| Rheumatic Fever (Rheumatism) | Fevers                     | Fainting or Migraine       |
| Appendicitis                 | Stomach or Bowel Complaint | Diabetes                   |
| Infection of Kidneys         | Haemophiliacs              | Insensitivity to Heat      |
| Enclosed infections          | Joint injuries             | Implants                   |
| Obesity                      | Pregnancy                  |                            |

Cardiovascular conditions such as: hypertension, hypotension, congestive heart failure, or impaired coronary circulation

Are you taking any medication? Diuretics, barbiturates, and beta-blockers can effect heat loss  
In all situations, hydration is a requirement for Hot Yoga. Drinking lots of water both before and after class is a must, or it could result in fainting and medical complications including overheating!

Do not apply body lotion to your body prior to class.

**If you have answered yes to any of the complaints listed previously please provide details below:**

**Are you waiting on any results or investigations? Please give details:**

**Please read the following statements carefully:**

**1. Attendant Risk and Discomforts**

There are inherent risks associated with yoga training, strength training and other forms of physical activity. Yoga and strength training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, and other discomforts. Yoga training should be modified or postponed if a back/neck disorder or condition is present or if pain or symptoms persist. Diane is however qualified in basic First Aid and is trained to watch for any signs or symptoms associated with a poor exercise response.

**2. Responsibilities of the Participant**

To promote the safety and benefit of your participation in these Yoga sessions, it is important that you fully disclose your personal health history, any medications you are taking, and any symptoms you may be experiencing during exercise. Such symptoms would include back/neck/joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. You should not exceed the recommended exercise intensity and you should not exercise when you are sick or not otherwise feeling well. I acknowledge full details are provided on [www.diane-lee.com](http://www.diane-lee.com) and that I have consulted a Doctor prior to starting this Yoga course.

**3. Benefits to be expected**

It is expected that you will see benefits as a result of regular and consistent participation in these sessions. Yoga training typically results in numerous physical and mental benefits (including improved muscle strength, improved muscular endurance, increased flexibility, improved lung function, better relaxation).

**4. Inquiries**

An important part of the informed consent process is providing you the opportunity to inquire about any aspect of the Yoga Classes. If you have any questions or concerns about the class, please feel free to ask

**5. Use of Medical Records and Information**

Any information gathered in conjunction with the class (such as health history information, exercise risk, instances of joint pain, chest pain, light headedness or dizziness, etc.) will be kept confidential to the extent provided by law. You will be encouraged to allow me to share this information with your physician or primary care provider in an attempt to diagnose or treat a current disease or reduce your risk of developing a more serious medical condition. No identifiable information will be released or revealed to any other party without your written consent. You may be asked, however, to allow certain information (from which your identity is removed) to be used for statistical analysis or research purposes.

**Please Read the Following Statement Carefully**

If I am accidentally injured during the yoga class Diane Lee will offer immediate first aid (if needed) but will be unable to provide full treatment. If injured, I will be responsible to seek further investigation.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Yoga course in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in this Yoga Course.

**Name (Print)** .....

**Signature**.....**Date**.....