**Arundel Retreat 13-15 May 2022**

**Health & Indemnity Form**

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**All information will be treated in the strictest confidence.**

The following information will enable us to offer you the safest and most appropriate yoga postures for your current level of health. All information given on this form will be treated as confidential.

\* = Required

Full Name \*

Date of Birth \*

Occupation \*

Phone (work) \*

Phone (home) \*

Phone (mobile) \*

Email Address \*

Address \*

Next of Kin \*

**Health**

Any new exercise program should be undertaken with care – I strongly suggest you check with your Doctor/Health Provider if you suffer from any of the conditions listed below. This list is by no means comprehensive and you should consult with your physician if you suffer any other condition not listed.

* Multiple sclerosis Yes/No
* Parkinson’s disease (or similar) Yes/No
* Meniere’s disease Yes/No
* Diabetes Yes/No
* Epilepsy or Seizure disorder Yes/No
* Dizziness Yes/No
* Surgery within the last 6 months Yes/No
* Mental illness Yes/No
* Fibromyositis Yes/No
* Disc disease Yes/No
* Carpal tunnel syndrome Yes/No
* Enlarged heart, heart valve problem or have suffered a heart attack in the past 2 years Yes/No
* Osteoporosis Yes/No
* Asthma Yes/No
* Chronic fatigue syndrome Yes/No
* Recurring headaches Yes/No
* Vertigo Yes/No
* Pregnancy Yes/No
* Hernia or ulcers Yes/No
* High or Low blood pressure Yes/No
* Severe arthritis of the spine Yes/No
* Hyperthyroid condition Yes/No

Please confirm if you have or have ever had any of the following and any other information that I may need to know:

* Cramps Yes/No
* Back pain/injury Yes/No
* Shoulder pain/injury Yes/No
* Wrist pain/injury Yes/No
* Neck pain/injury Yes/No
* Muscular pain Yes/No
* Knee pain/injury Yes/No
* Ankle pain/injury Yes/No
* Other. Please give details.

Do you smoke?  Yes/No

Are you taking any form of medication that may have some bearing on your yoga practice? Yes/No

Please list medication and explain what you are being treated for.

What would you identify as the major cause of stress in your life at the moment?

What do you usually do to relieve this stress?

What is your current level of fitness?

Is there anything else we should know about your health that we have not covered above?

**Your Yoga**

Have you practiced yoga before? What type of yoga? How long have you been practicing?

Please specify any yoga or pilates classes that you are currently attending.

How often do you practice?

Is there anything else you would like me to be aware of?

What would you like to get out of the yoga retreat? Please list everything you can think of.

**DIETARY REQUIREMENTS**

Cashew will be preparing amazing vegetarian food all weekend. Please let me know as soon as possible whether you have any special dietary requirements (vegan, wheat free, gluten free, dairy free, allergies etc.) so that I may pass these on to John \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please read the following and sign below**

I understand that the instructions given throughout the classes are intended as guidance only. I understand that while all due care will be taken by the teacher, they cannot be held responsible for my improper practice at any time.

To ensure that no personal injury occurs, I agree to adjust my practice according to my limitations and the decision to perform any yoga postures remains mine. I declare that I will take full responsibility for myself during the classes.

I will notify my teacher before each class begins of any recent injury, illness, surgery or pregnancy.

#### Payment Terms & Conditions (as per the website)

£150 non-refundable deposit

60 days or more prior to the retreat date: your entire payment will be refunded, less £150 which is your deposit
59-30 days prior to the retreat date: payments are not refundable, but transferable (less deposit) to a future LaurenYoga retreat.
29 days or less prior to the retreat date: payments are not refundable and non-transferable.

Many thanks for your time and I so look forward to spending the weekend with you ☺

Lauren x

Your signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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