



Informed Consent & Participation Agreement for 2022/23

I hereby voluntarily give consent to engage in a fitness for yoga assessment or yoga instruction.

I understand at any time I may terminate the assessment or instruction for any reason.

I understand there are certain changes which may occur during the assessment or instruction.

I understand that every effort will be made to minimize problems by preliminary examination and observation during the assessment or during the instruction.

I understand that I am responsible for monitoring my own condition throughout the assessment, and should any unusual symptoms occur, I will cease my participation and inform the assessor of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle pain.

Also, in consideration of being allowed to participate in the assessment or instruction, I agree to assume all risks, and hereby release and hold harmless, Sunseed Yoga & Kripafoundation Iyengar Yoga™ Centre (GTHA), and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to an assessment or instruction.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Name (Please print):

Signature:

Contact number:

Email:

Today's date:



Exercise Readiness Questionnaire (ERQ)



Regular exercise such as yoga is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1) Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2) When you perform physical activity, do you feel pain or discomfort in your chest?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3) When you were not engaging in physical activity, have you experienced chest pain in the past month?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4) Do you ever faint or get dizzy and lose your balance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5) Do you have an injury or orthopedic condition e.g. back, hip, or knee problem that may worsen due to a change in your physical activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6) Do you have high blood pressure or a heart condition in which a physician is currently prescribing a medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7) Are you pregnant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8) Do you have insulin dependent diabetes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9) Are you 69 years of age or older and not used to being very active?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered 'Yes' to any of the above question, talk with your doctor before you become more physically active. Tell your doctor your plan to exercise and to which questions you answer yes. If you honestly answered no to all questions you can be reasonably certain you can safely increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant's Name (Printed):

Participant's Signature:

Date:

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