- Confidential -

Inspiras Move

Physical Activity Readiness Questionnaire (PARQ) and Permissions Form

All information given will be treated in the strictest confidence and stored in accordance with General Data Protection legislation.

First Name:	Last Name:
Email Address:	Date of Birth:
Contact No:	Emergency Contact Name: Emergency Contact No:
Address:	Doctor's Name & Telephone No:

About Your General Health: Do you have any of the following conditions?

(Please tick as appropriate)

- ☐ Allergies/Hay fever
- ☐ Anxiety
- ☐ Arthritis
- ☐ Back pain
- ☐ Bowel problems
- ☐ Cancer
- ☐ Dizzy spells/fainting
- ☐ Eye Problems
- ☐ Hearing impairment
- ☐ Heart condition
- ☐ High Blood pressure
- ☐ Low Blood pressure

About Your Lung Health: Do you have any of the following conditions?

(Please tick as appropriate)

- ☐ Asthma
- ☐ Bronchitis
- ☐ COPD
- ☐ Cystic Fibrosis
- ☐ Lung Cancer
- ☐ Long Covid
- ☐ Pneumonia
- ☐ Tuberculosis

Art there any other medical conditions that you are aware of that may be exacerbated by the practice of "Breathe Better Yoga" that your teacher should be aware of? (Please note below)

If you are currently receiving any medical or therapeutic treatment, has your GP given you the go-ahead to exercise? (Please circle your answer)

Yes No

About your yoga practice:

Would you describe your practice and/or knowledge of yoga as: (Please circle your answer)

Beginner Intermediate Advanced

Do you practice any other sports or activities? (Please list below)

What would you like to gain from your practice of "Breathe Better Yoga"?

(Please tick as appropriate)

- ☐ Improved daily breathing
- ☐ Breathing efficiency during exercise
- ☐ Relaxation through breathwork
- ☐ Improvement of breathing problems
- ☐ Better sleep
- ☐ Strength & flexibility
- ☐ Stress relief
- ☐ Mental & emotional balance
- ☐ To meet new people
- ☐ Greater knowledge of yoga & breathwork

Exercising Responsibly: I take full responsibility for my health during the yoga classes, including any injuries. I will rest at any point during the class if I feel unwell. and I will inform my yoga teacher of any changes in my medical condition if appropriate.

I agree to these requirements: (Please circle your answer)

Yes / No

Photography I give permission to Inspiras Move to use photographs taken of me in publications, advertisements, exhibitions and the internet to illustrate their work and to promote Inspiras Move. This includes use on social media. Due to the nature of the internet, photographs may be shared across numerous channels. The photographs may also be loaned to approved third parties e.g. charitable partners, funders and the media.

I agree to these requirements: (Please circle your answer)

Yes / No

Data Protection: This information will be stored securely by Inspiras Move and will not be given to anyone else, other than your teacher.. You must notify your teacher of any changes in your personal data. Your email address will only be used to send you information about the Inspiras Move sessions you have booked onto. and other relevant Inspiras Move events.

I agree to these requirements: (Please circle your answer)

Yes / No

Signed: Date:

Welcome to Inspiras Move! ... and thank you for taking the time to fill out your Physical Exercise Readiness and Permissions Form