

## **Qigong class registration form**

Please complete this form before starting your first session.  
Information written below will be kept confidential.

NAME\_\_\_\_\_POSTCODE\_\_\_\_\_

DOB\_\_\_\_\_MOBILE NUMBER\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_

EMERGENCY CONTACT NAME\_\_\_\_\_

EMERGENCY CONTACT NUMBER\_\_\_\_\_

Would you like to receive our newsletters? [ ☐ ] Yes [ ☐ ] No

### **PERSONAL HISTORY**

Please circle the following as it relates to you

Have you regularly practised Qigong in the past? YES NO

**Please consult with a medical professional before commencing this program if you answer 'YES' to any of the following:**

Male/Female over 35/45 and not used to regular exercise	YES	NO
Any recent hospitalisation and/or surgery	YES	NO
Any heart conditions	YES	NO
Are you pregnant	YES	NO
High blood pressure	YES	NO
Raised cholesterol/triglycerides	YES	NO

**Please discuss with the instructor any necessary modifications for a safe practice if you answer 'YES' to any of the following:**

Do you have or have you had any of the following conditions:	YES	NO
- Gout, Stroke, Diabetes, Epilepsy, Hernia, Glandular/Rheumatic Fever		
- Dizziness or Fainting	YES	NO
- Arthritis, Asthma, Cramps, Muscular pain	YES	NO
- Any pain/injury to the neck, back, knees, ankles, wrists	YES	NO

Are there any other health conditions or injuries that would require you to modify your exercise program? If so please specify below:

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**LIABILITY WAIVER:**

I acknowledge that I have voluntarily chosen to participate in Qigong classes provided by Emma Adnams, doing business as Move for Life Qigong. I am aware that participating in any physical activity, including Qigong, involves risks of injury. I understand these risks and confirm that I am physically capable of participating in these classes without undue risk to my health or wellbeing.

I agree to inform the instructor of any physical limitations, discomfort, or pain that may affect my participation in Qigong classes, as well as any changes in my health status.

By signing below, I hereby release Emma Adnams, Move for Life Qigong, their instructors, employees and agents from any claims, demands and causes of action as a result of my voluntary participation and enrollment in the Qigong classes.

I have carefully read this waiver and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the aforementioned parties, and I sign it of my own free will.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if participant is under 18)

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