

# Golden Sol Teacher Training Health Disclosure

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had any injuries or surgeries in the past that may influence your participation in the yoga teacher training program?  
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Have you had any recent or past mental health concerns that may influence your participation in the yoga teacher training program?  
\_\_\_\_\_

**Circle any of the following health conditions that you currently have or have had in the past (If you are unsure, please ask):**

Please provide information that may be useful to the training organizers in supporting your wellbeing.

Current Past Muscle or joint pain \_\_\_\_\_

Current Past Muscle or joint stiffness \_\_\_\_\_

Current Past Numbness or tingling \_\_\_\_\_

Current Past High/Low blood pressure \_\_\_\_\_

Current Past Stroke, heart attack \_\_\_\_\_

Current Past Shortness of breath, asthma \_\_\_\_\_

Current Past Cancer \_\_\_\_\_

Current Past Neurological (e.g. MS, Parkinson's, chronic pain)  
\_\_\_\_\_

Current Past Epilepsy, seizures \_\_\_\_\_

Current Past Headaches, Migraines \_\_\_\_\_

Current Past Dizziness, ringing in the ears \_\_\_\_\_

Current Past Arthritis (rheumatoid, osteoarthritis) \_\_\_\_\_

Current Past Osteoporosis, degenerative spine/disk  
\_\_\_\_\_

Current Past Scoliosis \_\_\_\_\_

Current Past Broken bones \_\_\_\_\_

Current Past Allergies \_\_\_\_\_

Current Past Diabetes \_\_\_\_\_

Current Past Depression, anxiety, or other mental health disorders  
\_\_\_\_\_

## Golden Sol Teacher Training Health Disclosure

I understand that yoga should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep Golden Sol updated as to any changes in my medical profile and understand that there shall be no liability on Golden Sol's part should I fail to do so.

I release Golden Sol, and its owners, employees, and agents, and will hold them harmless from any and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in any class or program or activity sponsored by Golden Sol. I hereby declare myself physically and mentally sound and capable of participation in those activities, programs, and classes.

I have read and completely understand this waiver.

Student Signature:

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