Pranayama classes include conscious breathing, meditation, mantra, and gentle breath coordinated movements. Whilst conscious breathing and meditation can be a positive experience for many, it can nevertheless be quite intense for some.

Please bear in mind the following guidelines:

|  |
| --- |
| * If you have a significant history of recurring depression, anxiety, PTSD, trauma or mental illness and you are unsure of the appropriateness of attending, it is recommended to check with your doctor or medical practitioner * This course should not be viewed as a substitute for medical attention, examination, diagnosis, or treatment. * As a participant it is your responsibility to advise the teacher of any condition, physical, emotional, or mental, that may impact your participation in the class. This responsibility extends to keeping your teacher informed of any changes as they occur. * Please inform your teacher if you are taking any medication that may affect your practise. * In the class we will be using seated postures, lying down, and, occasionally, standing. Please wear comfortable clothes. Be prepared to lie down and have to hand:  a mat, blankets, supports, such as blocks, blankets, or bolsters, as needed for comfort and warmth. |

Please take care to listen to your own body and not to take the practice to beyond your own capabilities, limitations, or comfort.

|  |
| --- |
| Name (block capitals please): |
| Contact number: |
| Email: |

Please answer the following questions to help me plan the course to enhance your experience of the classes.

YOUR HEALTH:

1. Please mention any health conditions that are impacting your quality of life or that you take medication for.

YOUR EXPERIENCE:

1. Please give details of your experience with breathing practices, Mindfulness, or meditation.

YOUR EXPECTATIONS:

1. What do you hope to gain from this course?

PARTICIPATION DECLARATION:

I have read and fully understand this form and accept the guidelines stated on the previous page. I agree to ensure that the teacher is aware of any change to my medical condition.

SIGNATURE AND DATE:

All responses are confidential. Thank you for completing this form.