

The OT Wellness Clinic (OTWC) Risk Assessment Statement, Pre-Workshop Disclaimer and Indemnity Form

Programs and Workshops offered by OTWC have components of HIGH INTENSITY ACTIVITY. It is your responsibility to inform OTWC staff of any medical condition that may put your health or wellbeing at risk before beginning any OTWC program.

It is important that you are well hydrated and medically fit before participating in any training session or program. Failure to do so can put your health at serious risk.

Activity: Yoga for Teens. This style of yoga is an integration of Eastern Yoga poses and Western health science as such as exercises such as plank, push-ups and elements of dynamic stretching will be present. While students are encouraged to participate they are never pushed beyond their physical skill level. We encourage parents to make known any pre-existing medical conditions such as scoliosis or current injuries so that we may provide modifications to enable participation where possible.

All OTWC trainers are experienced professionals and take all foreseeable precautions to prevent and minimize risk of injuries. The highest risk is of physical exhaustion, dependent on the participant's fitness. OTWC trainers will not push participants past their comfortable limits but as with all sports, some risk is present dependent on each participant's individual idiosyncrasies. A more remote risk is that a participant might disobey their supervising teacher or the OTWC trainer. Classes are kept at reasonable numbers and both teachers and trainers are skilled at preventing and diffusing such situations to remedy this risk.

Instructions:

Fill out the form below as honestly as possible and to the best of your knowledge in the spaces provided

Name: _____

Age: _____

P/Code: _____

Sex: (Circle) M / F

DOB: _____

Emergency Contact
& Mobile: _____

Email: _____

Have you ever suffered from any of the following medical conditions?

- (Circle the applicable condition/s)
- | | |
|--|---|
| <i>Diabetes</i> | <i>Stress or Low or High Blood Pressure</i> |
| <i>Asthma or Respiratory illness</i> | <i>Heart or Chest Pains</i> |
| <i>Epilepsy, Fainting or Dizziness</i> | <i>Arthritis</i> <i>Neck or Back Pain</i> |

