

Yoga4All 500 Hour Teacher Training Registration Form

Please fill out the form below and return it with your deposit in order to hold your space. Please include a non-refundable \$50 application fee along with a \$300 deposit. We are interested in training individuals who dedicate themselves to furthering the principles behind yoga and desire to teach those principles in a safe and nurturing environment. Applications are reviewed upon receipt. Feel free to attach any necessary additional pages. Please provide documentation your RYT200

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

How long have you been studying yoga?

Type: _____ How long: _____

Type: _____ How long: _____

Type: _____ How long: _____

Teachers you have studied with:

Who is your regular teacher? _____

How often do you study together? _____

Please describe in terms of length and frequency your regular yoga practice.

List any current responsibilities in life that may affect your practice.

Do you have any physical injuries/stresses that compromise your practice?

Do you have a background in, or any knowledge of, anatomy?

Do you have a background in a similar modality (i.e., Pilates, Physical Therapy, Massage, Aerobics)?

Are you currently teaching yoga? If so, where do you teach and how long have you taught?

How many classes do you teach per week? What styles do you teach?

Are you familiar with the Yoga Sutras? If so, which translations of the commentaries have you studied?

Please write one or two paragraphs explaining why you wish to participate in our program.

Please write a paragraph on what yoga has meant to you or done for you.

Yoga4All 500 Hour Teacher Training Full Disclosure and Acceptance of Terms

In order to make informed decisions, all staff at Yoga4all must be able to rely on the accuracy and completeness of information provided in your application. The information you provide is treated as confidential and disclosed only to those with a legitimate need to know in administering or delivering the training. All applicants are required to answer all questions fully and honestly.

Agreement of Release and Waiver of Liability

I, _____ (please print your full legal name here), hereby acknowledge the above and agree to the following:

1. That I affirm that the information provided in this application is to the best of my knowledge true and complete. I understand that providing inaccurate, incomplete, or misleading information is grounds for rejecting this application or for being required to leave the program after I have commenced participation. If I am forced to leave a program because of a health consideration and/or behavioral issues, further participation is at the discretion of the Program Director. I understand that there are always physical risks when participating in a physically active program and that it is solely my responsibility to participate in a manner that is safe for my body
2. That I am participating in the 500 Hour Teacher Training, Classes or Workshops offered by Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, her employees, contracted employees and/or agents during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved, and that it may occasionally involve physical contact with a teacher and/or another student. It is my responsibility to inform the instructor if I am uncomfortable with this physical contact with me.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Teacher Training, Classes, Health Programs or Workshops offered through Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in these Yoga Classes, Health Programs and/or Workshops. I acknowledge that Marty Maddox, her employees, her contracted employees and/or agents have not and will not render any medical services including medical diagnosis of my physical condition.
4. In consideration of being permitted to participate in the Teacher Training, Yoga Classes, Health Programs and/or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any of the above-listed Programs.
5. In further consideration of being permitted to participate in the Teacher Training, Classes, Health Programs and/or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, her employees, contracted employees and/or agents on account of death, personal injury, property damage or loss of any kind resulting from or related to participants' use of the facilities as a result of participating in any of the above-listed Programs.
6. I, my heirs and/or legal representatives forever release, waive, discharge and covenant not to sue Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage, her employees, contracted employees and/or agents for any injury or death caused by their negligence or other acts within or outside the facilities.
7. I hereby grant permission to Serene Body Care, LLC, dba Marty Maddox, dba Yoga4All, dba Serene Body Massage to use my name and likeness in any electronic media, audio, video and/or still photo on the Studio's Website and for any other advertising purposes regarding yoga and/or studio classes associated with or through Yoga4All. I also grant permission to be added to the email list generated by yoga4all for internal and studio use only. I acknowledge I have the right to "unsubscribe" at any time I choose.

I have read the above Release and Waiver of Liability and fully understand its contents and knowingly and voluntarily agree to the above-stated terms and conditions.

DATE

SIGNATURE OF PARTICIPANT