

PPY - BUILDING A FOUNDATION FOR TEACHING - APPLICATION

To reserve your place in the training you must complete the application and be prepared to submit the \$500 non refundable deposit upon acceptance.

Personal Information

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Occupation _____

Emergency Contact

Name _____

Phone _____ Relationship _____

____ Check here if you are currently on a monthly auto renew and need it to be placed on hold for the duration of the teacher training program.

____ Check here if you are taking this teacher training program mainly to deepen your practice and don't plan to teach yoga profession.

Referral

Did someone refer you? If so, we would like to thank them! Please list their name below I was referred by _____

____ My Teacher ____ My Friend ____ Other _____

Commitment to the Training

Are you away of any training dates that you would need to be absent _____

Absent due to _____ work _____ personal _____ medical

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Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please include a second sheet if necessary. Based on your specific history we may schedule a follow-up interview before accepting you into the program. Please note that safety is very important to us. Please note that at any time your trainer(s) may ask you to leave if you are not at the physical and/or health level to fully and safely participate, or if you are affecting the safety and learning of others.

1. How would you evaluate your current health?

____ Excellent ____ Good ____ Fair ____ Some challenges (Briefly describe)

2. Please let us know if you have any injuries that may affect your ability to fully participate in the training _____

3. Please list any medical conditions that may affect your ability to fully participate in the training _____

4 Have you had any surgeries in the last year? ____ If the answer is yes, please explain.

5. Is there anything else we should know about your medical history? _____

Tell Us About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and as clear as possible.

How long have you been practicing yoga? _____

How many days per week do you practice yoga? _____

What style of yoga do you usually practice? _____

At which yoga studios do you currently practice? _____

Who have been your primary teachers, past & present _____

Do you have a home practice? _____

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Do you practice meditation and/or pranayama? _____

Do you practice inversions? _____

Is this your first yoga teacher training? ____ Yes ____ No

If no, tell us more _____

Are you currently teaching ____ Yes ____ No If yes, how many years & where? and what style _____

What areas of yoga challenge you the most (please specify)? _____

Why do you want to take a PPY Yoga Teacher Training? _____

What are your expectations for this training? _____

What do you hope to achieve at the completion of the program? _____

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ASSUMPTION OF RISK, HEALTH WARRANTY, RELEASE AND WAIVER OF LIABILITY

Yoga is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of the Providence Power Yoga' 200-Hour Teacher Training Program. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise.

I acknowledge that participation in the Providence Power Yoga' 200-Hour Teacher Training Program naturally involves the risk of injury to me. I further acknowledge that specific risks include injuries resulting from over-exertion, physical adjustment, improper or negligent use of equipment, failure to follow trainer instructions, or injuries resulting from participation in an inappropriate level of physical exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, have the necessary current medical approval to engage in physical exercise and yoga instructional classes and teacher training and have no disability, impairment, injury, disease or ailment which would cause risk of injury or adverse health consequences as a result of engaging in physical exercise and yoga instructional classes and teacher training. I acknowledge that to the facility where I am taking my training and Providence Power Yoga, LLC ("Providence Power Yoga") are relying on this representation and I understand that neither to the facility where I am taking my training nor Providence Power Yoga will investigate or certify my health or my fitness to participate in physical exercise and yoga instructional classes and teacher training.

RELEASE AND WAIVER OF LIABILITY: In consideration for my participation in Providence Power Yoga' 200-Hour Teacher Training Program, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless to the facility where I am taking my training and Providence Power Yoga and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the "Facilities") where the 200-Hour Teacher Training Program occurs (collectively, the "Releasees") from all actions, claims, demands, suits, losses, liabilities, charges, expenses (including, without limitation, attorneys' fees), and costs of any nature whatsoever which may arise out of, relate to, or result from, any injury, economic loss or any damage to me or my guest or relatives resulting from my participation in physical exercise and yoga instructional classes and teacher training at the Facilities, entry to or use of the equipment, facilities or services at the Facilities, the negligence of to the facility where I am taking my training or Providence Power Yoga, anyone at to the facility where I am taking my training or Providence Power Yoga' behalf or anyone using the Facilities or Providence Power Yoga' equipment, facilities or services, except such as may arise out of the gross negligence or willful misconduct of the Releasees. This release and waiver of liability (this "Release") is intended to be a complete release of any responsibility for personal injuries and/or property loss/damage sustained by me while at the Facilities, whether using exercise equipment, participating in active or passive exercise, or not. I understand that this Release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to the facility where I am taking my training and that if any portion of this Release is held invalid, I agree that the balance of this Release should continue in full force and effect.

DATE _____ SIGNATURE _____