

Harmony Yoga Teacher Training Program

Application

Registration

To register, please complete the following Application, and Waiver & Liability Agreement, and submit with your \$200 deposit (\$100 of which is a non-refundable Administrative Fee). We will review your application and, upon acceptance, contact you regarding your choice of payment plan.

Contact Information

First Name _____ Last Name _____
Street Address _____ City _____ State ____ Zip _____
Primary Phone _____ Additional Phone _____
Email Address _____ Age _____

Additional Information *(please use additional paper for the following questions)*

1. Why do you want to participate in this training? What would you like to gain from it?
2. Describe the meaning of Yoga in your own words.
3. How long have you been practicing Yoga?
4. What style/s of yoga have you practiced? Do you have a preference?
5. Do you have a primary teacher? If so, how long have you been studying with her/him?
6. Do you practice meditation &/or pranayama?
7. Do you currently teach Yoga? If so, what style, for how long?
8. Have you ever participated in a Yoga Teacher Training Program before?
9. Do you plan on a) teaching yoga, b) Participating for Advanced Studies, c) Unsure
10. Do you have any Medical Conditions that we should know about?
11. Any additional information you'd like us to know?
12. How did you find out about our program?
13. Which payment plan do you plan to use?



Harmony Yoga, LLC

Teacher Training Program

Waiver & Liability Agreement

I am aware that HARMONY YOGA, LLC is here to serve me by sharing knowledge of Yoga and health. I understand that the practice of Yoga and exercise involves physical movement, which may from time to time be strenuous, and that such practice carries some risk of injury. I also understand that I must judge my own capacities with respect to practicing yoga and exercise during any classes offered through the HARMONY YOGA, LLC Teacher Training Program.

I acknowledge that it is my responsibility to inform the instructor, when I begin a class, of any injury or other condition that might effect my ability to participate, and to inform the instructor immediately if any injury occurs during class. I understand that from time to time during classes offered through HARMONY YOGA, LLC, the instructor may give hands-on assistance to facilitate the understanding of postural alignment. If I do not want such assistance, I will inform the instructor at each class I attend.

I hereby agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the classes of yoga, exercise, and/or meditation offered through HARMONY YOGA, LLC. I voluntarily waive any claim I may have against any person or entity in any way involved therewith, including without limitations, it's principal, instructors, independent contractors, employees, agents and representatives and their successors and assigns.

I have carefully read the release, fully understand and agree to the above.

Date

Signature of Participant