



300-hr Master Teacher Certification
Application for Advanced Yoga Teacher Training

Name: _____ D.O.B. _____

Address: _____

City, State, and Zip: _____

Best numbers to reach me: _____

Email: _____ Occupation: _____

How did you hear about Cloud Nine Yoga? _____

ASSUMPTION OF RISK

I am aware that participation in today's lesson or any meetings following today with "Cloud Nine Yoga" and "Erika Faith Calig" may be hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume.

Release:

As consideration for being permitted to participate in the Advanced Yoga Teacher's Training and its exercises, I hereby agree that I, NAME _____, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith Calig or Cloud Nine Yoga for injury or damage resulting from my participation in any lesson, class, or activity. I hereby release Erika Faith Calig, Cloud Nine Yoga and all agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in the yoga teacher's training classes, retreats and meetings. I release "Cloud Nine Yoga" and "Erika Faith Calig" from all claims, injury damages or liability suffered by me in connection with my lessons at any location where I participate.

Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician. Any therapies given are not to underscore traditional medicine. Individuals under eighteen (18) must be accompanied by a parent or legal guardian.

I have carefully read this agreement and fully understand the above contents. I am aware and agree that it is a complete release of liability voluntarily assumed for my participation in physical fitness, exercising, and related activities with all "Cloud Nine Yoga" teachers and staff.

Signature: _____ DATE: _____

Have you been keeping track of all your yoga-related hours?
If so, tell us your current number of hours up as of today:

What subjects are you most interested in learning more about?

How do you see yourself bringing yoga to the world?

Tell about your yoga training background and plans for further studies (i.e.: what workshops/trainings have you taken, who are you currently taking classes from?):

Are you currently teaching any yoga classes? If so, give info about what you are doing:

Do you have a mentor teacher? Provide their name and where will you be assisting them.

State your goals and intentions for this program:

Please mail your application with a \$400 non-refundable deposit to:
Cloud Nine Yoga, c/o Erika Faith Calig, 45851 Palmetto Way, Temecula, CA 92592