

Cloud Nine Yoga Hawaii :: 300-hr Advanced Teacher Training
EDU-VACATION & Tropical Transformation at The Hawaiian Sanctuary
October 12 - November 2, 2015



Facilitators: Erika Faith Calig, Terra Ann Pracht and Special Guests

Registration Information & Agreement Form

Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas, make a copy for yourself and mail the ORIGINAL, along your deposit payment to: Cloud Nine Yoga Hawaii, PO Box 1222, Pahoa, HI 96778

NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE: _____ EMAIL: _____
(The one you use most) (The one you check most)

EMERGENCY CONTACT NAME: _____
(Not traveling with you)

PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

Please answer the following questions regarding your yoga experience (use separate sheets or the back of this form as needed):

1. How many years have you been practicing yoga? Where are you practicing?
How many hours per week? What style/type of class?

2. Tell us about your most memorable experience taking a yoga class.

3. What subject/topic excites you most about this training? Why?

4. Which specific aspects of this “Retreat Training Experience” attracted you?

5. List your Goals/Intentions as you embark on this tropical transformation adventure:

Please answer the following questions regarding your medical/health history:

1. What medications are you currently taking?

2. Do you have any allergies? If so, list specifics and what you do to prevent/treat them.

3. Are you currently suffering from an injury? If so, please describe in detail where in your body, the diagnosis from your physician, what happened and what you are doing to nurture healing (use separate page if needed).

4. On a scale from 1 – 10 (one being poor and ten being perfect), rate your emotional/mental health. Explain why you chose this number.

5. Do you have a religious/spiritual practice? Tell us a bit about it.

6. What other physical activities/sports are you involved in?

7. Describe a typical day in your life.

** Cloud Nine Yoga collects this information to get to know you. All answers are seen by our facilitators and kept confidential. We do not discriminate based on age, race, religion, sexual orientation or background. Questions are offered to better serve you as a student of our Teacher Training Program. We reserve the right to refuse an applicant. We take pride in creating a safe space of acceptance, healing and unconditional love. We do not claim, nor desire to be an alternative for proper medical or psychological care. All applicants are screened and treated equally.*

Payment Options:

(Please only one)

- A. () \$8995 (private room, single occupancy) includes Hawaii State tax of 4.6%
- B. () \$7995 (shared eco-chic accommodations) includes Hawaii State tax of 4.6%
- C. () \$5995 (local or stay offsite) includes Hawaii State tax of 4.6%

_____ (Please initial): I understand that I am responsible for purchasing my airfare. I am aware that all classes, room and board are based on arrival October 12 and departure November 2, 2015.

_____ (Please initial): I agree to cover all additional personal costs incurred such as market food, shopping, massages, special services/special needs and tips.

Payment method:

() Cash () Money Order () Check () I would like to use a credit card.

~ Writing a check/money order? Make it payable to: Cloud Nine Yoga Hawaii

~ Credit card instructions: contact Terra Ann at grow@hawaiiansanctuary.com

Balance Due & Refund Policy: All balances are due before arrival October 12, 2015. *There are no refunds offered after October 12, 2015.* Any adjustments in travel plans are the participant's responsibility. Late balance payment will incur an additional \$50 for every 5 days past due.

_____ (Please initial): I have read and understand the refund policy above.

OTHER PERTINENT INFO:

As a student/graduate of Cloud Nine Yoga Hawaii, you will receive *a minimum of 225 CONTACT Hours on this Yoga Teacher Training Retreat.* These hours can be applied toward your 300 Certification for participating in ALL scheduled activities, workshops and classes offered while on this retreat. Internship hours (40 hrs) and *TEACHING* (100 hrs) are required to complete certification.

It is your responsibility to be proactive about the health and safety of your body temple. Make sure you have all necessary medications with you. We always recommend purchasing travel insurance in case you have to cancel or leave early for any reason. Let us know about any dietary restrictions, allergies, health conditions or special needs you may have:

ACKNOWLEDGEMENT

_____ (initial) I hereby release Erika Faith Calig, Terra Ann Pracht and all guest teachers, The Hawaiian Sanctuary and Cloud Nine Yoga from any liability or responsibility having to do with my personal health and physical safety during travel from October 12 – November 2, 2015.

_____ (initial) I also understand that I cannot hold Erika Faith Calig , Terra Ann Pracht, all guest teachers, The Hawaiian Sanctuary and Cloud Nine Yoga, LLC responsible for my personal health on this trip. I accept that all staff have done everything, within her abilities, to make this training retreat as pleasurable for me as possible. I will do my part in positively participating with the group activities and show cooperation & respect to fellow retreat attendees. *I acknowledge that I am not obligated to participate in any or all of the activities or meals provided -- but my fees will be surrendered for the planned activities and meals.* Cloud Nine Yoga Hawaii reserves the right to adjust accommodations at The Hawaiian Sanctuary as needed. I understand that, due to the nature of group travel and circumstances beyond our control (weather, traffic, delays, etc), schedules and venues are subject to change without notice. As a good student of Yoga, I will do my best to “go with the flow” and be flexible.

ASSUMPTION OF RISK

_____ (initial) I am aware that participation in the Cloud Nine Yoga Hawaii Yoga Teacher Training Retreat with “Cloud Nine Yoga”, hosted by “Hawaiian Sanctuary” 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. I acknowledge that I have read the LEGAL LIABILITY RELEASE and agree to the terms outlined in this entire document.

LEGAL LIABILITY RELEASE

As consideration for being permitted to participate in Cloud Nine Yoga classes, activities, outings and travel, I hereby agree that I, myself, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith Calig, Terra Ann Pracht, and all guest teachers, The Hawaiian Sanctuary and Cloud Nine Yoga for injury or damage resulting from my participation in any lesson, class, workshop, excursion or activity. I hereby release Erika Faith Calig, Terra Ann Pracht, all guest teachers, The Hawaiian Sanctuary and 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 ANY offerings of Cloud Nine Yoga, LLC and for all claims, injury damages or liability suffered by me in connection with my retreat to Hawaii. Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician. I have carefully read this entire agreement and fully understand the above contents. I am aware and agree that this is a complete release of liability voluntarily assumed for my participation in all activities with “Hawaiian Sanctuary” and “Cloud Nine Yoga, LLC”.

Printed Name

Signature

Date

*** Additional comments or questions (such as roommate requests)? Please address them here:**

PLEASE MAKE A COPY OF THIS ENTIRE FORM FOR YOURSELF BEFORE MAILING.