

Cloud Nine Yoga Kauai :: 22-day Yoga Training & Certification
June 8 - 29, 2017



Facilitator: Erika Faith Calig + Special Guests

Registration Information & Agreement Form

Please READ and fill out this form COMPLETELY to register. Include your initials in designated areas.

NAME: _____

ADDRESS: _____

PHONE: _____
(The one you use most)

EMAIL: _____
(The one you check most)

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT 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 do you teach/prefer?
2. What subjects/topics excite you most about this training?
3. List your Goals/Intentions as you embark on this Yoga Training adventure:

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

1. What medications are you currently taking and for what complaint?
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. What does your daily spiritual practice look like?

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)

- \$6499 Private Room, Single
- \$5699 Double Room, Shared
- \$4999 Dorm Quad, Shared
- \$4399 Local/Stay Offsite (no accommodations needed, meals only)

_____ (**Please initial**): *I agree to cover all additional personal costs incurred such as transportation, optional outings, body treatments/massage, private consultations with lead instructors, snacks/supplemental meals, book purchases, journal and other “school supplies”.*

Payment method: (Please ✓ only one)

- Money Order Check This payment method reduces your total by 5%
- Credit/Debit Card - processing is through Paypal or Square Invoicing

A 25% Deposit is required with Registration to confirm your participation. You may receive 10% off the Balance due when paid in full by March 6, 2018. ALL PAYMENTS MUST BE COMPLETED BY April 9 or late fees will incur.

Due to the limited space availability and planning for this retreat, students are advised to solidify all plane reservations and travel arrangements at the time of registration.

TOTAL BEING PAID TODAY: \$

Balance Due: \$

Refund / Payment / Participation Policies:

Refunds - We have a strict cancellation policy due to the nature of this event. Cancellations made before April 9 are refunded less a 25% cancellation fee. Cancellations after April 9 are refunded 50% of the total paid.

Payments - Late balance payments (after May 9) will incur an additional \$100 for every week past due.

Participation - Any adjustments in plans, travel, or attendance before, during, or after the retreat training are student's responsibility. Participant surrenders fees for the scheduled activities, meals, and accommodations, regardless of participation.

_____ (**Please initial**): *I have read and understand the refund, payment, and participation policies written above and agree to honor this agreement.*

What's Included:

- All our incredible curriculum: inspiring workshops, special events, and classes.
- 2 freshly prepared vegetarian meals daily (except for offsite & transition days)
- Accommodations based on your room choice (private, double, dorm)
- Nourishing down time and shared community vibes
- Very special offsite group excursions (at least one per week)

Please let us know HERE if you have any food allergies or special requests:

OTHER PERTINENT INFO:

As a student of Cloud Nine Yoga's 300-hr Advanced Yoga Training program, you will receive ***a minimum of 180 Curriculum Contact Hours during this Yoga Training course retreat.*** Another 70+ hours are completed during group activities such as shared meals, offsite adventures, and sangha. Students are also required to complete 30 Seva hours (helping with kitchen, chores, housekeeping), teach two 90-minute yoga practice classes, and complete the required homework/reading in addition to your contact hours with the Lead Instructors. Yoga Alliance also requires an additional 100 hrs of teaching classes to complete the 500 RYT title

(must be documented on your profile on the Yoga Alliance website). Advanced Certification from Cloud Nine Yoga is awarded upon conclusion of this program when all standards are met.

ASSUMPTION OF RISK/Liability Release

_____ (Please initial) I am aware that participation in the Cloud Nine Yoga Teacher Training 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 all 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 and Cloud Nine Yoga, LLC for injury or damage resulting from my participation in any lesson, class, workshop, excursion, or activity. I hereby release Erika Faith Calig and Cloud Nine Yoga, LLC 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 Schools and for all claims, injury damages or liability suffered by me in connection with my participation with Cloud Nine Yoga programs. 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 Erika Faith Calig and "Cloud Nine Yoga".

Print Name _____

Signature _____ Date _____

PLEASE MAKE A COPY OF THIS ENTIRE FORM FOR YOURSELF BEFORE SUBMITION