

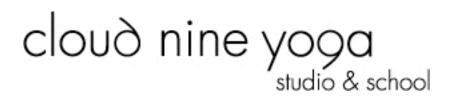
## **Application for In-Depth Yoga Training & Teacher Certification 2015**

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 "Trinity Capili" 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 responsibility.

Release:		
As consideration for being permitted to participand its exercises, I hereby agree that I, guardians and legal representatives will not classification in any lesson, class, or activity. I he Calig, Yogala Yoga Studio, or Cloud Nine Yoga such actions, claims or demands that I, my assepresentatives now have or hereafter may hamy participation in the yoga teacher's training "Cloud Nine Yoga", "Yogala," "Trinity Capili," "Edamages or liability suffered by me in connection participate.	my assignees, heirs, aim against, sue or attach the property of or injury or damage resulting from my nereby release Trinity Capili, Erika Faith a and all agents and heirs from any and all signees, heirs, guardians and legal ve for injury or damage associated with classes, retreats and meetings. I release trika Faith" from all claims, injury	
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:	
Print Name:		



Please answer the following questions regarding your yoga experience.

1.	How many years have you been practicing and/or teaching yoga?
2.	Where did you receive your 200HR certification?
3.	Tell us about your prior yoga or teaching experience or most memorable experiences thus far
4.	What most excites you about taking the Cloud Nine Advanced Yoga training?
5.	Which postures, philosophies, subjects, etc. are you most curious to learn more about?
6.	State your goals and intentions for this training:
	Are are currently taking any medication or undergoing any physical treatment that we should aware of that may affect the training? If so, please elaborate.