



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 participate in the 2015 Yoga Teacher's Training and its exercises, I hereby agree that I, _____, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith, Trinity Capili or Cloud Nine Yoga for injury or damage resulting from my participation in any lesson, class, or activity. I hereby release Trinity Capili, Erika Faith Calig, Yogala Yoga Studio, or 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", "Yogala," "Trinity Capili," "Erika Faith" 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:

Print Name:

cloud nine yoga

studio & school

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:
7. Are you currently taking any medication or undergoing any physical treatment that we should be aware of that may affect the training? If so, please elaborate.