



Application for In-Depth Yoga Training & Teacher Certification

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 "Hannah Chung/Alisha Vasquez" 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 Yoga Teacher 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 Hannah Chung/Alisha Vasquez or Cloud Nine Yoga for injury or damage resulting from my participation in any lesson, class, or activity. I hereby release Hannah Chung/Alisha Vasquez, 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 "Hannah Chung/Alisha Vasquez" 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: _____



Please answer the following questions regarding yoga experience.

1. How many years have you been practicing yoga? Where are you practicing, how many hours per week, and what style?

2. Tell us about your most memorable experiences taking yoga classes.

3. What most excites you about taking the CNY training?

4. Which postures, philosophies, subjects, etc. are you most curious to learn more about?

5. State your goals and intentions for the In-Depth Yoga Study and Teacher Training: