

200-HOUR TEACHER TRAINING APPLICATION

Introduction

Thank you for your interest in the Paramgati Yoga Teacher Training Course. Please fill in this Application Form and email back to yogawithsudevi@hotmail.com. Please be aware that the Paramgati Yoga Teacher Training Course includes a two-hour asana practice with each daytime session. We strongly recommend that applicants have at least one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Personal Information

Name: _____ Date (DD/MM/YYYY) _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Mobile Phone _____

Email Address: _____ Occupation _____

Emergency Contact:

Name Phone Relationship

Check this box if you are taking this teacher training course mainly to deepen your practice and don't plan to see employment in the field of yoga

Referral

Did someone refer you? If so, we would like to thank them! Please list their name below.

I was referred by: _____

My Teacher My Friend Other: _____

If not referred, how did you hear about the Paramgati Yoga Teacher Training?

Poster Website Google Other _____

Training Information

Start date of training you are applying for (DD/MM/YYYY) _____

Location: _____
Country Town

4 Weeks Full Time 3 Months Part Time

Payment Options (please tick one) Paypal Credit Card Bank Transfer

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note safety is very important to us. Please note that at any time your trainer(s) may ask you to leave if you are not at the physical and/or health level to fully and safely participate, or if you are affecting the safety and learning of other.

1. How would you evaluate your current health?

Excellent Good Fair Some challenges (briefly describe) _____

2. Please let us know if you have any injuries that may affect your ability to fully participate in the training.

3. Please list any medical conditions that may affect your ability to fully participate in the training.

4. Have you had any surgeries in the last year? If the answer is yes, please explain.

5. Is there anything else we should know about your medical history?

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and as clear as possible. Do not fear answering no.

1. How long have you been practicing yoga? _____

2. How many days a week do you practice yoga? _____

3. What style of yoga do you usually practice? _____

4. At which yoga studios do you currently practice? _____

5. Who have been your primary teachers, past & present _____

6. Do you have a home practice? Yes No

7. Do you practice meditation and/or pranayama? Yes No

8. Do you practice inversions? Yes No

9. Do you practice Surya Namaskar (Sun Salutation)? Yes No

10. Is this your first teacher training? Yes No

If no, please specify: _____

11. Are you currently teaching? Yes No

If yes, how many years & where? _____

12. What areas of yoga challenge you the most (please specify)?

13. Why do you want to take a Paramgati Yoga Teacher Training Course?

14. What are your expectations for this training?

What do you hope to achieve at the completion of the program?

PROGRAM PARTICIPANT AGREEMENT

I understand that if I am paid in full and fulfil all the requirements of the Paramgati Yoga Teacher Training, including class hours, homework and passing both the written and in-class final exams, I will receive a 200-hours certification registered under Yoga Alliance International as evidence that I have completed my Teacher Training Course. Paying for the course and completing the hours alone does not mean I will pass the course.

I understand that Paramgati Yoga reserves the right to ask me to leave the program if I am found plagiarizing, if my behaviour is disruptive, inappropriate, negatively impacting other students' learning, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that Paramgati Yoga reserves the right at anytime to ask me to leave the training if it appears that my health or physical practice are not at the level to fully participate in the training. Under such circumstances I understand I will be given a prorated refund, based on the amount of time I have attended the training.

I understand that if I miss over 40 hours I will receive a non-passing status and will be asked to leave the training. Under such circumstances I will be given the opportunity to retake the program at a discounted rate, subject to availability.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training Course and I will be refunded my remaining balance. If I cancel within 14 days before the start of the training, I will forfeit my deposit but my remaining balance will be refunded. Once the course begins, tuition is non-refundable and non-transferable.

I understand that all Paramgati Yoga Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements:

Yes No **Please Initial:**

ASSUMPTION OF RISK, HEALTH WARRANTY, RELEASE AND WAIVER OF LIABILITY

Yoga is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of the Paramgati Yoga's 200-Hour Teacher Training Course. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise.

I acknowledge that participation in the Paramgati Yoga's 200-Hour Teacher Training Course naturally involves the risk of injury to me. I further acknowledge that specific risks include injuries resulting from over-exertion, physical adjustment, improper or negligent use of equipment, failure to follow trainer instructions, or injuries resulting from participation in an inappropriate level of physical exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, have the necessary current medical approval to engage in physical exercise and yoga instructional classes and teacher training and have no disability, impairment, injury, disease or ailment which would cause risk of injury or adverse health consequences as a result of engaging in physical exercise and yoga instructional classes and teacher training. I acknowledge that to the facility where I am taking my training and Paramgati Yoga are relying on this representation and I understand that neither the facility where I am taking my training nor Paramgati Yoga will investigate or certify my health or my fitness to participate in physical exercise or yoga instructional classes and teacher training.

RELEASE AND WAIVER OF LIABILITY: In consideration for my participation in Paramgati Yoga's 200-Hour Teacher Training Course, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless the facility where I am taking my training and Paramgati Yoga and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the 'Facilities') where the 200-Hour Training Course occurs (collectively, the 'Releasees') from all actions, claims, demands, suits, losses, liabilities, charges, expenses (including, without limitation, attorneys' fees), and costs of any nature whatsoever which may arise out of, relate to, or result from, any injury, economic loss or damage to me or my guest or relatives resulting from my participation in physical exercise and yoga instructional classes and teacher training at the Facilities, entry or use of the equipment, facilities or services at the Facilities, the negligence of to the facility where I am taking my training or Paramgati Yoga, anyone at to the facility where I am taking my training or Paramgati Yoga's behalf or anyone using the Facilities or Paramgati Yoga's equipment, facilities or services, except such as may arise out of the gross negligence or wilful misconduct of the Releasees. This release and waiver of liability (this 'Release') is intended to be a complete release of any responsibility for personal injuries and/or property loss/damage sustained by me while at the Facilities, whether using exercise equipment, participating in active or passive exercise, or not. I understand that this Release is intended to be as broad and inclusive as if permitted by the laws of the jurisdiction applicable to the facility where I am taking my training and that if any portion of this Release is held invalid, I agree that the balance of this Release should continue in full force and effect.

Dated: _____

[Signature]

[Print Name]