

YogAnga Retreat Trust, at Santosh Puri Ashram

āyāsa vinyāsa YogAnga abhyāsa

200 / 500 hour Yoga Alliance Yoga Teacher Trainings

Registration & Release Form - please email completed form to: om@yoganga.org

TODAYS'S DATE: _____

Course Fee: 1700 EUR per month - includes room & board, and course materials.

Includes: All room & board, yoga tuition & all other course materials.

Deposit: to be paid to YogAnga Retreat, Trust at the time of acceptance (please check below)

___ EURO 100 (200 hour course)

___ EURO 300 (500 hour course)

PLEASE CHECK WHICH MONTHS YOU WILL PARTICIPATE, and write the dates (according to schedule online):

Autumn Session (potential 500 hours)

___ **first month - dates:** _____

___ **second month - dates:** _____

___ **third month - dates:** _____

Spring Session (200 hours)

___ **one month - dates:** _____

Best to arrive at least one day before the course, however you are welcome to arrive earlier and/or stay longer.

SECTION I: PERSONAL INFORMATION

Name: _____ birthdate: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Postal Code: _____

Mobile Phone: _____

Email: _____

Emergency Contact Name: _____

Relation: _____

Emergency Contact Phone: _____

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Are you fluent in English? _____ Read? _____ Write? _____ Speak? _____

Mother tongue: _____

Other languages: _____

How did you find out about YogAnga Teacher Training / Santosh Puri Ashram?

How do you plan to utilize your training? (check all that apply):

teach (full time or part time)

enhance/further your own personal practice

other (please specify _____)

Prior to this course did you have an established daily sadhana (Asana / Meditation practice)?

Yes No

Please Describe:

With whom/within what tradition(s) have you studied? Are you certified?

Have you taught yoga? If so, to whom, for how long and which type or style? Paid or volunteer?

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What is your purpose in taking this course? What do you expect to get out of the course?

Please tell us more about yourself - your interests, background or anything you think may be pertinent.

SECTION II: HEALTH RISK ASSESSMENT

Heart Disease	YES NO	
Shortness of Breath or Chest Pain	YES NO	
Use an Inhaler?	YES NO	(if “yes”, please bring it to every class)
High Blood Pressure	YES NO	Levels: _____
High Cholesterol Level	YES NO	
Significant Bone/Joint/Muscle Pain/ Injury	YES NO	Details: _____
Back Pain	YES NO	
Cigarette / Marijuana / Hash Smoking	YES NO	Levels: _____
Alcohol use	YES NO	Levels: _____
Abnormal Resting EKG	YES NO	
Diabetes	YES NO	
Insulin Dependent?	YES NO	

Any other? Please explain:

Are you currently taking any medication(s)? YES NO Type:

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Is there any thing else about your physical / mental health you would like us to be aware of, so that we can better assist / guide you in your sadhana?

SECTION III: AGREEMENT

I, _____, hereby agree to the following:

1. In consideration of participating in the “**YogAnga Teacher Training Program**”, I agree and acknowledge that I am fully aware that participation in the risks involved and I accept all the risks of participating, even if the risks are created by the carelessness, negligence or gross negligence of a Released Party (as defined below) or anyone else.

2. “**Claims**” includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity. “**Released Party**” means **YogAnga Retreat Trust** or **Santosh Puri Ashram** and their respective acharyas, instructors, representatives, directors, employees or volunteer staff.

3. I agree and acknowledge that:

a. I am in proper physical / mental condition to participate in the “**YogAnga Teacher Training Program**” and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death.

b. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured.

c. I understand that it is my continuing responsibility to inform the Studio of any previous medical conditions, injuries or surgeries and any future changes to my medical condition.

d. In consideration of being permitted to participate in the “Ashram Activities”, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Activities at the Studio.

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4. I accept full responsibility for any product or technology used or loaned to me as part of participation in the “**YogAnga Teacher Training Program**” and commit to return the same in good working order.

5. I hereby, for myself and for my heirs, next of kin, executors, administrators and assigns, fully release, waive and forever discharge any and all rights or Claims I may have, now or in the future, against any Released Party, even if the Claims are based on the carelessness, negligence or gross negligence of a Released Party or anyone else. Without limiting the foregoing, I further release any recourses which I may now or hereafter have resulting from any decision of any Released Party.

6. I agree not to sue any Released Party for Claims, even if the Claims arise from the carelessness, negligence or gross negligence of any Released Party or anyone else. I agree to indemnify (reimburse for any loss) and hold harmless each Released Party from any loss or liability (including any reasonable legal fees they may incur) defending any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of any Released Party or anyone else.

7. I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that:

a. there may be no aid stations available for the Activity.

b. if medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.

8. I am aware that it is advisable to consult a physician prior to participating in the Activity. If I have consulted a physician, I have taken the physician’s advice.

9. I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize any photographs, motion pictures, video / audio recordings and other references or records of the Activity which may depict, record or refer to me for any purpose (“**Likeness**”), including commercial use by the released parties, their sponsors and their licensees. This permission is for use anywhere in the world and on the Internet and for an unlimited period of time. I understand and agree that I will not be compensated or receive additional consideration for consenting to the use of my Likeness and that I will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content that may use my Likeness.

10. I grant my permission to the Released Party and any transferee or licensee or any of them, to utilize the three monthly “**Projects**” (study guide materials, essays, reports etc.) I produce as part of my course requirements, including commercial use by the released parties,

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11. No warranties or representations have been made to me about the Activity which are not stated on this form. I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability, agreement not to sue and indemnity.

12. If any provision of this agreement shall be unlawful, void or for any reason unenforceable, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

13. I have fully read and understand this agreement. I am aware that by signing this agreement, I am waiving certain legal rights I or my heirs, next of kin, executors, administrators and assigns may have against the Released Party.

I also understand that **(please initial)**:

_____ All payments are non-refundable or transferrable for any reason, including, but not limited to vacation, illness and injury.

_____ The scheduling and content of activities may be changed on occasion.

_____ I will notify instructors immediately of any pain and/or major discomfort felt during any activity.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Name of Participant

Signature of Participant

Date