



YOGA TEACHER TRAINING APPLICATION

To reserve your place in the training you must complete the application and submit with your \$500 deposit. Deposit will be refunded if not accepted into program, otherwise deposit is non-refundable.

PERSONAL CONTACT INFO

Full Name :
(PLEASE USE CAPITAL)

Date Of Birth : _____ / _____ / _____

Address : _____

Phone Number : _____ **E-Mail** : _____

Occupation : _____

Referral : Friend Teacher Social Media Other: _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ **E-Mail** : _____

Relationship : _____ **Mobile Number** : _____

YOUR HEALTH

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 include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you into the program. Please note that safety is very important to us. Please note that at time your trainer(s) may ask you to leave if you are not at the physical and/or mental health level to fully and safely participate, or if you are affecting the safety and learning of others.

How would you rate your overall health : Excellent Good Fair Some challenges

Briefly describe : _____

Prescription medications : _____

Surgery in past 12 months : Yes No If yes, explain: _____

Any injuries or chronic conditions (physical/mental/emotional) we should know about? :

List any chronic pain, joint strain, muscle strain or other physical issues that you presently have or ever feel in the course of a normal day or in practicing yoga :

Feel free to add any other health-related information you wish to bring to our attention :

📍 1525 Old Louisquisset Pike Lincoln, RI 02865

☎ (401) 722-0099

🌐 www.thewoodsyoga.com

THANK YOU!



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YOU + YOGA

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible.

How long have you been practicing yoga : _____

How many days per week do you practice yoga (in studio/at home - be specific) : _____

Do you practice meditation and/or pranayama (explain) : _____

What style(s) of yoga do you practice : _____

At which studios do you currently practice : _____

Which teachers have you primarily practiced with : _____

What is the current focus of your practice : _____

YOU + THIS TRAINING

What are your expectations of this training (personal, professional, physical) : _____

What are you most looking forward to learning/experiencing through this training : _____

Is there anything holding you back from taking this training : _____

Why do you want to take The Woods Yoga Teacher Training : _____

What do you hope to achieve at the end of this training : _____

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SHORT ANSWER QUESTIONS

Why do you practice yoga : _____

Why yoga teacher training : _____

What qualities (from your education, work experience, life experience) do you think you would bring to this program? : _____

Are you looking to teach yoga following the completion of the program? Are you looking for personal growth in your yoga practice? : _____

List titles and authors of yoga related books you have read : _____

List 3 things you do for physical health and 3 things you do as a mindfulness practice : _____

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ASSUMPTION OF RISK, HEALTH WARRANTY, RELEASE AND WAIVER

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 Woods Yoga Teacher Training Program. 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 The Woods Yoga Teacher Training Program 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 Dog Years LLC d/b/a The Woods Yoga ("The Woods Yoga") are relying on this representation and I understand that neither the facility where I am taking my training nor The Woods Yoga Yoga will investigate or certify my health or my fitness to participate in physical exercise and yoga instructional classes and teacher training.

RELEASE AND WAIVER OF LIABILITY: In consideration for my participation in The Woods Yoga Teacher Training Program, 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 to the facility where I am taking my training and The Woods 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 Teacher Training Program 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 any 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 to or use of the equipment, facilities or services at the Facilities, the negligence of to the facility where I am taking my training or The Woods Yoga, anyone at to the facility where I am taking my training or The Woods Yoga's behalf or anyone using the Facilities or The Woods Yoga's equipment, facilities or services, except such as may arise out of the gross negligence or willful 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 is 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.

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Date

Signature

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