



Application for 200 HR Teacher Training

Full Name _____ Date _____

Mailing Address _____

Phone: _____

Email: _____

How many years have you been practicing yoga? _____

Which yoga style(s) do you have experience with? _____

Have you practiced at The Yoga Lab before? Yes No

If not, have you ever practiced with Aleta, Rebecca or Ulla? Yes No

How does yoga influence your daily life and why is your practice important to you?

Please briefly describe your yoga-related career goals:

Please briefly describe any physical limitations or injuries that you are currently working with: _____

Please fill out and e-mail this form to info@theyogalabbend.com with the subject line "Teacher Training" or hand deliver or mail to The Yoga Lab 550 SW Industrial Way Ste 170 Bend, OR 97702. This application and waiver in addition to a \$500 deposit reserves your space in The Yoga Lab Teacher Training.



Waiver for participation in The Yoga Lab Teacher Training

1. In consideration of participating in yoga I agree and acknowledge that I am fully aware that participation in the activity involve risks and I accept all the risks of participating, even if the risks are created by the carelessness, or negligence of myself, the instructor 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 **The Yoga Lab, Inc.** and their respective representatives, directors, officers, agents, employees or volunteer staff. I agree and acknowledge that I am in proper physical condition to participate in the Activity, and am aware that participation could, in some circumstances, result in physical injury, serious physical injury or death. I understand my physical limitations and am sufficiently self-aware to stop physical activity before I become ill or injured. 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.

3. 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. 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: 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. I am aware that it is advisable to consult a physician prior to participating in yoga. If I have consulted a physician, I have taken the physician’s advice. I grant my permission to the The Yoga Lab to use any photos or videos of me taken in the establishment of The Yoga Lab for marketing or publicity purposes in print and web without receiving payment for those images. 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: All but \$500 deposit for the Teacher Training is refundable up until April 5th, 2014. After April 5th if a student were to quit the program for any reason, all but \$1000 is refundable. All payments for classes are non-refundable or transferrable for any reason, including, but not limited to vacation, illness and injury, unless otherwise determined by management. The scheduling and content of activities may be changed on occasion. All N.S.F. cheques will be charged a \$50.00 (CDN) fee. I will notify instructors immediately of any pain and/or major discomfort felt during any activity. I am responsible for bringing my required equipment to every activity (where applicable). If I am pregnant I will let the instructor know and will hereby agree that I am cleared to participate in this activity. **(please initial);**

Signature _____ Date _____