

Thank you for your interest in Yoga North Atlanta's Practical Course in Yoga Instruction. This is a 200-hour Teacher Training Program designed to prepare you for teaching yoga in the real world. Upon graduation, you will be eligible for Yoga Alliance RYT-200 registration.

Please fill out the information below and on the following pages and bring the completed application and your deposit of \$500 to the studio or mail it to:

Yoga North Atlanta
3400 McClure Bridge Road
Suite G-704
Duluth, GA 30096

Applications are individually reviewed. Enrollment is limited. You will be contacted within 3 weeks of our receipt of your application. If you have not heard from us after 3 weeks, please call 770-356-5261. Your deposit will not be processed until you are accepted. The remaining portion of your tuition must be paid in full at least 30 days before the program begins.

If you have any questions, would like more information, or would like to discuss how this program can help you, please call, email, or come by the studio to discuss it.

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Age: _____

Do you have any injuries, physical limitations, or medical conditions that may impact your ability to practice yoga or attend this course? (pregnancy, epilepsy, ?)

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Name: _____

Your Yoga Experience

Please note that you do not have to be proficient in the Ashtanga Primary Series to take this course.

How long have you been practicing yoga? _____ How often: _____

What type of yoga do you usually practice? _____

Which studio(s) do you attend? _____

Do you have a home practice? _____

Who were your primary yoga teachers? _____

List your yoga training: _____

In your opinion, what qualities does a good yoga teacher possess? _____

Teaching Experience

Are you currently teaching yoga? Yes No (not required to attend this course)

If yes, how long and where? _____

What style do you teach? _____

Goals & Expectations

Why do you want to attend this teacher training program? _____

What are your expectations from this program? _____

Name: _____

Where do you hope to go from here with the knowledge and skills you will attain in this program? _____

How did you hear about our teacher training program? _____

Agreement of Release and Indemnity

I understand that if I fulfill all the requirements of the Yoga North Atlanta 200-hour teacher training program, including in-class hours, mentoring, homework, quizzes, and final exam, I will receive a certificate of completion, which can be submitted to Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour teacher training program.

I acknowledge that participation in yoga classes, seminars and workshops carries with it inherent risks of personal injury. Possible injuries might include, but are not limited to, heart attacks, strokes, heat stress, sprains, broken bones and torn muscles and ligaments. I expressly acknowledge all such risks, whether or not enumerated, and, in deciding to participate in any class, seminar or workshop at Yoga North Atlanta, LLC. (the "Studio"), expressly assume all these inherent risks. In consideration of being allowed to participate in Studio yoga classes, seminars and workshops, I hereby release and hold the Studio, its members, managers, employees, and agents (each a "Released Party") harmless from all liability to me and my personal representatives, assigns, heirs and next of kin for any loss or damage, and forever give up any claim or cause for action, on account of injury to me, including any injury leading to my death, whether or not caused by the active or passive negligence of any Released Party, to the fullest extent permitted by law while I am participating in any yoga class, seminar or workshop on Yoga North Atlanta's premises. I represent that I am in good physical condition and have no disability, illness or other condition that contraindicates my being able to safely participate in yoga classes, seminars and workshops without injury or impairment to my health. I am consulting a physician concerning an exercise program that is safe for me. I expressly agree that the foregoing release and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion is held invalid, the balance of the agreement shall continue in full force and effect.

I understand that Yoga North Atlanta has the right to ask me to leave the program if my behavior is inappropriate, unethical, or violates Yoga North Atlanta or Yoga Alliance ethical guidelines. Under such circumstances, I understand I will not be refunded my tuition. 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 and my remaining balance will be refunded. Once the program begins, tuition is non-refundable and non-transferable. I understand that all Yoga North Atlanta teacher training materials are under copyright protection and cannot be reproduced without the permission of the author. Failure to comply may result in legal action. I understand that if I default on this agreement I will be responsible for payment of any collection fees or attorney fees incurred by Yoga North Atlanta, LLC.

My signature below signifies that I have read and will be bound by the above terms and requirements and agree that no oral representation has modified its content.

Signature

Date: _____