200hr Yoga Teacher Training Application

Please fill out this form and email it to info@sumitsyogacolumbia.com with Teacher training application 2020 as the subject line. Any enrollments without this form will not be considered.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | | |  | Date of Birth | |  | | Sex |  |
| Full Name | | |  | | | | | | |
| Street Address | | |  | | | | | | |
| City | | |  | State | |  | | ZIP |  |
| Cell Phone | | |  | | | Email | |  | |
| Occupation | | |  | | | | | | |
| **Emergency Contact & 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 include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program | | | | | | | | | |
| Emergency Contact Name | | |  | | | Relationship | |  | |
| Phone | | |  | | | Email | |  | |
| Please describe any injuries or medical conditions that may affect your ability to fully participate in the training | | | | | | | | | |
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| Please describe any physical or mental challenges we would need to be aware of | | | | | | | | | |
|  | | | | | | | | | |
| Have you had any surgeries in the last year? If the answer is yes, please explain | | | | | | | | | |
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| **About you and your interest in Teacher Training** | | | | | | | | | |
| How long have you been practicing yoga? | | | | | | | | | |
| How many days a week do you practice yoga? | | | | | | | | | |
| At which yoga studio do you currently practice? | | | | | | | | | |
| Do you have a home practice? If so how many times a week? | | | | | | | | | |
| Who have been your primary yoga teachers in the past and present? | | | | | | | | | |
|  | | | | | | | | | | |
| Please provide 1 verifiable reference of a professional yoga teacher whom you have learned from | | | | | | | | | | |
| Name | |  | | | | | | | | |
| Phone | |  | | | Email | |  | | | |
| List any previous Teacher Training experience including the style of yoga | | | | | | | | | | |
|  | | | | | | | | | | |
| Do you currently teach yoga? If yes, for how long have you been teaching? Where do you currently teach? | | | | | | | | | | |
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| Please pick one. I want to pursue this training primarily to | | | | | | | | | | |
|  | Teach yoga. | | | | | | | | | |
|  | Enhance my personal growth in yoga. | | | | | | | | | |
| In your opinion, what characteristics make a great yoga teacher? | | | | | | | | | | |
|  | | | | | | | | | | |
| What would you like to improve or change about your current yoga practice and lifestyle? | | | | | | | | | | |
|  | | | | | | | | | | |
| Please describe what you wish you learn/gain from this Teacher Training experience? | | | | | | | | | | |
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| What specifically interests you about the Sumits Yoga 200hour Teacher Training program? | | | | | | | | | | |
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| **Payment Information**  A $500 deposit is due with your application. Cost below includes the $500 deposit.    **Training Cost**  Early bird price: $2200 (**offer ends May 15, 2020**)  Regular price: $2500 (due on or before June 15, 2020)  Payment plans available. All payment plans require an auto debited payments made thru Kelly Bietsch | | | | | | | | | | |
| I understand that if I fulfill all the requirements of the Sumits Yoga 200hour Teacher Training, including in-class hours, homework, quizzes and passing both the written and in-class final exams, I will receive a certificate of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200hour Teacher Training program. Paying for the program and completing the hours alone does not mean I will pass the program. Sumits Yoga Columbia expects all students to show up consistently, 100%, and fully participate.  I understand that Sumits Yoga Columbia reserves the right to ask me to leave the program if I am found plagiarizing, if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.  I understand that Sumits Yoga Columbia reserves the right at any time to ask me to leave the training if it appears that my health or physical practice is not at the level to fully participate in the training. Under such circumstances, I understand I may be given a prorated refund, based on the amount of time I have attended in the training less the deposit in this case would be non-refundable.  The program is conducted in English and the course requires students to be proficient in English. All students must possess a high school diploma or higher. The student must also demonstrate reasonable yoga practice and be able to articulate if our style of Yoga is suitable to them or otherwise. | | | | | | | | | | |
| **Cancellation Policy**  I understand that if I cancel after June 1st 2020, for any reason, I will forfeit the $500 deposit but will have any remaining tuition refunded. If I cancel within 7days before the start of the training, I will forfeit my $500 deposit and 50% of the balance. Once the program begins, tuition is non-refundable and non-transferable.  I understand that all Sumits Yoga Columbia 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 | | | | | | | | | | |
| **Assumption of risk, health warranty, and release of liability 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 Sumits Yoga Columbia Teacher Training Program. If at any point I feel injury, overexertion, or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise. I will take care of my body and do my best to remain healthy.  I acknowledge that participation in the Sumits Yoga Columbia Teacher Training Program naturally involves the possibility of 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.  **Photo & Video Waiver**  This waiver also provides Sumits Yoga Columbia, and their instructors, the right to use any images taken in the program for training or promotional materials.  **Release and waiver of liability**  In consideration for my participation in the Sumits Yoga Columbia Teacher Training Program, I, individually, and on behalf of my relatives, and legal representatives, agree not to sue and hereby agree to defend, indemnify, release and hold harmless to the facilities where I am taking my training and Sumits Yoga Columbia LLC, all Sumits Yoga Columbia Teacher Training staff, 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 "Releases") 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. 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. | | | | | | | | | | |
| **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name), have carefully read this information and I willingly accept the above terms and requirements.** | | | | | | | | | | |
| Please complete this form and email it to info@SumitsYogaColumbia.com, as an attachment, with subject field: 200 Hour Teacher Training Application 2020.  A $500 deposit fee is due with your application.  Thank you and congratulations on taking the first step to becoming an AMBASSADOR OF YOGA!  Sumits Yoga Columbia, LLC | | | | | | | | | | |