



## Teacher Training Application

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Name

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Street Address

City

State

Zip

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Phone

Cell Phone

Birth date

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Email *(LivYoga does not sell or distribute email addresses)*

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Where did you hear of this program?

General occupation

Have you ever practiced Yoga? ( Yes If yes, type & how long? ( No

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### Medical Information

1. Any health conditions we should be aware of including physical injuries, limitations?
2. Are you on medications? If so please describe the type of medication and how long
3. Do you have any history of mental or emotional issues?
4. Have you had any recent surgeries?



## Teacher Training Application

### Questionnaire:

1. Why you would like to become a Yoga Instructor and what are your goals for the training? You may use a separate sheet
2. Do you already have a certification?
3. Do you currently teach yoga or mediation? If so, where and for how long?

### Waiver

I am aware that participation in yoga or related workshops requires physical exertion, which may result in accident or injury, and I assume any and all risks connected therewith, whether known or unknown. I represent that I am in good health and suffer from no physical impairment which would limit use of LivYoga's facilities. I acknowledge that LivYoga has not and will not render any medical services including medical diagnosis of my physical condition. I specifically agree that LivYoga, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to use of the facilities or participation in any activity within or without the yoga premises, and I agree without limitation to hold LivYoga harmless from same. I have read the above release and waiver of liability and fully understand its contents.

I have reviewed the fees noted above and I understand that credits and refunds will not be given and props and books and additional classes are not included in the fee.

I voluntarily agree to the terms and conditions stated above.

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Signature of Participant

Date