

APPLICANT REGISTRATION AND WAIVER FORM

www.moyo-yoga.com | 610.584.1108 | 4402 SKIPPACK PIKE | SKIPPACK, PA 19474



Registered Yoga School

2011 TEACHER TRAINING COURSE APPLICATION

Teacher Training Dates: January — August 2011

APPLICANT INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS

CITY, STATE

ZIP

BIRTH DATE male female

EMAIL

HOME TELEPHONE

ADDITIONAL TELEPHONE mobile work other

WAIVER

MOYO's teacher training is an intensive physical, emotional, and mental experience. All applicants must have prior yoga experience (with a minimum of two years asana practice) and a familiarity of the MOYO experience. Total commitment to this program is a must and should not be taken lightly. Applicants must be physically and mentally stable to attend this program — determination of this will be at the discretion of the program director. Acceptance, graduation, and certification are subject to the approval of the course director.

Upon receipt of this completed application and application fee of \$50, MOYO will review the application and respond to the applicant within seven days. On approval, applicant has 10 days to submit a \$500 course deposit to secure admission. This completed application and fee is valid only for the training specified above. A new application and fee must be submitted for any other training. Please sign below to confirm that you have read and are in agreement with the above terms.

APPLICANT NAME

SIGNATURE

DATE

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APPLICANT QUESTIONNAIRE CONTINUED (Please use the back of this form if more room is needed)

4. If female, are you pregnant or do you plan on becoming pregnant during this training?

5. Please describe your emotional health and history (depression, mental illness, etc.)

Do you think this will affect your participation in this program?

6. Have you ever been abused (emotionally, physically, or sexually)?

If so do you think this will affect your participation in this program?

7. Please describe current dietary preferences and restrictions.

8. Are you currently taking any medications?

9. What other types of physical activities do you enjoy?

10. Please provide details of any past, recent, or reoccurring injuries or physical limitations which may effect your participation in this training.

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PLEASE ATTACH THE FOLLOWING:

- 1. Your Yoga History.** Tell us about yourself in a one-page typed summary including: 1) the history of your yoga practice and meditation, 2) how and when you started, 3) styles you have practiced and the frequency, and 4) the impact yoga has had on your life. Also, please describe your 5) current yoga practice, 6) what is your reason for this certification, and 7) what do you foresee to be your greatest challenge or obstacle, if any.
- 2. A letter of recommendation.** This may be from a current or past teacher or a personal acquaintance familiar with your yoga practice and its integration into your daily life.
- 3. A recent photo of yourself.**
- 4. Non-refundable application fee of \$50.**
- 5. Included agreement and liability form.**

HEALTH INSURANCE INFORMATION:

PROVIDER NAME

POLICY NUMBER

POLICY EXPIRATION

:: office use only ::

DATE COMPLETED: APP. & FEE RECEIVED

PAYMENT METHOD: Cash Credit Card Money Order

APPROVAL DATE

APPROVAL SENT VIA: Phone In-person Email

MUST REGISTER BY

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ACKNOWLEDGMENT

I acknowledge that I am participating in yoga classes, workshops, events, and/or activities during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the yoga classes. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

RELEASE

In consideration for being permitted to participate in the yoga class, workshop, event, or activity, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue, or attach the property of, any of the hosts, instructors, organizers, or participants in the yoga class, workshop, event, or activity including but not limited to Maureen Priest and MOYO, for injury or damage resulting from my participation in such yoga class, workshop, event, or activity. I release all such hosts, instructors, organizers, and participants, their agents and heirs, from any and all actions, causes of action, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all injury, illness, loss of or damage to property associated with my participation in the yoga class, workshop, event, or activity.

I knowingly, voluntarily, and expressively waive any claim I may have against MOYO for injury, damages, or loss that I may sustain as a result of participating in any program. I, my heirs and legal representatives' forever release, waive, discharge and covenant not to sue to hold responsible MOYO and any of its affiliates for any injury, loss or death cause by their negligence or other acts. I also give permission to have my picture taken, reproduced, and used for promotion and advertising.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga classes, workshops, events, and activities with MOYO and all such hosts, instructors, organizers, and participants.

APPLICANT NAME

SIGNATURE

DATE