

200 YOGA TEACHER TRAINING APPLICATION

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Applicant Contact Information

| Name: | |
|--|-------------------------|
| Address: | |
| Phone: | |
| Email: | |
| Emergency Contact Name: Pho | ne: |
| Applicant Questions Tell us about your Yoga practice. How long have you | been practicing Yoga? |
| Are you already teaching Yoga? Yes / No If yes, where | and for how long? |
| Do you have any injuries or conditions that may interf practice? | ere with an active Yoga |
| To be submitted with application: • A 200-400 word essay describing why you want to p | articinate in the Voca |

DANIELLE FOWLER

Training Director

Teacher Training program.

603 SEAGAZE DRIVE, #424 OCEANSIDE, CA 92054

W W W . T R U E N A T U R E Y O G A . C O M



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Enrollment Agreement and Waiver

I, the undersigned, fully understand and agree to the following:

The True Nature School of Yoga 200 Hour Teacher Training program is a serious commitment for participants and teachers. Please carefully consider the time and energy you are committing to for this in-depth program. To reserve your place in the training you must submit your application, signed enrollment agreement and make payment.

I understand if I fulfill all the requirements of the True Nature Yoga Teacher Training Program, including all in class hours, reading, apprenticeship and homework assignments, 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 200 Hour Yoga Teacher Training program. I understand that True Nature School of Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance Code of Conduct quidelines. Under such circumstances I understand I will not be refunded my tuition.

I am capable of judging the limits of my physical abilities and I understand it is my responsibility to stay within my range of ability to reduce my risk of injury. I will not perform any postures, or activity to the extent of strain or pain. In consideration of being permitted to participate in the classes, workshops and/or private sessions,

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any program offered by True Nature School of Yoga. I knowingly and voluntarily waive any claim I may have against True Nature School of Yoga and the Teachers, Staff and/or Owners for injury or damages I may sustain as a result of participating in any classes, workshops, private sessions, or programs.

I understand if I cancel 7 days or more prior to the start of a training module/immersion, I will be refunded my balance minus a \$50 administration fee. If I cancel within 7 days of the start of a training module/immersion, I may transfer amount paid to a future module/immersion. Once the program/immersion begins, tuition is nonrefundable.

| I have read | and | accept | the | above | terms | and | requirements: | Yes / N | 10 |
|-------------|-----|--------|-----|-------|-------|-----|---------------|---------|----|
| | | | | | | | | | |
| Print Name: | | | | | | | | | |
| Signature: | | | | | | | | | |
| Date: | | | | | | | | | |

DANIELLE FOWLER Training Director

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