



# Yoga Teacher Training Course Application

## Held at Sacred Rivers Yoga in Glastonbury, CT

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Daytime or  Evening

Form of Payment:  Cash  Check  Charge **Note: Cost is non-refundable.**

**If using a credit card, please call Sacred Rivers at 860.657.9545 with your information or come to the studio to pay in person.**

**Please tell us a little about yourself:**

**1. What is your medical history?** *Please fill out the attached Medical Questionnaire and Health Form as well as the attached Agreement of Release and Waiver of Liability).*

**2. What drew you to study and practice yoga?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. How long have you practiced, and where? What styles?**

\_\_\_\_\_  
 \_\_\_\_\_

**4. How often do you attend yoga classes and workshops?**

\_\_\_\_\_  
 \_\_\_\_\_

**5. What effect has yoga had on you?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Why are you interested in this Teacher Training Program?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## QUESTIONNAIRE AND HEALTH FORM

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive an email newsletter from us? If so, please include email address above.

**If you answer yes to any of the following questions, please describe fully on a separate page:**

- Are you under medical treatment for any physical or psychological condition?
- Are you currently pregnant or trying to get pregnant?
- Have you ever been hospitalized for a psychiatric condition?
- Do you have any chronic physical limitations or disabilities?
- Have you had a serious illness or major surgery within the last five years?
- Do you have a communicable disease?
- Are you in recovery from a drug/alcohol addiction and if so, how long?  Yes  # of years \_\_\_\_\_

Describe your weekly alcohol/drug consumption \_\_\_\_\_

Do you have a diagnosis by a physician? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications at this time? If so, explain: \_\_\_\_\_

\_\_\_\_\_

What types of exercise or physical activities do you participate in and how often?

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical condition which might prevent you from participating in the 200 hour Yoga Alliance Teacher Training Program? If so, explain:

\_\_\_\_\_

\_\_\_\_\_

In the event of emergency, please give the name and phone of someone to contact: \_\_\_\_\_

\_\_\_\_\_

**Full Disclosure and Acceptance of Terms:**

Sacred Rivers Yoga must be able to rely on the accuracy and completeness of information provided by the applicant. Information provided is treated as confidential and disclosed only to those with a legitimate need to know in administering or delivering the training. Therefore, all applicants are required to answer all questions fully and in truth. By signing below, I affirm that the information provided in this application is to the best of my knowledge, true and complete. I understand that providing inaccurate, incomplete or misleading information will be grounds for rejection of my application, being asked to leave the program before completion, or revocation of my certification after completion of the program.

If I am forced to leave the program because of a health consideration, continuing in another session is at the discretion of Paula Scopino, the owner of Sacred Rivers Yoga.

I understand that my failure to meet the criteria of this teacher training program will result in my not being certified.

Please initial here : \_\_\_\_\_

**Sacred Rivers Yoga Teacher Training School ~ Code of Ethics**

I will strive to live in accordance with the principles of yoga, conducting myself with integrity in my interactions with students. I will be honest and truthful and accurately represent my education, training, and experience (satya; truth). I will share the teachings with humility and respect. I will continue to study, teach, and promote the art, science and philosophy of yoga, both for my personal growth and to be a good example to my students. I will welcome all students regardless of race, gender, religion, national origin, sexual preference, or physical disability (skill level of teacher permitting). I agree to create a safe and sacred space by maintaining clear personal and professional boundaries. I agree that my purpose is to serve students' personal exploration. I agree to avoid any activity or influence that is in conflict with the best interests of students or that is solely for my own personal gain or gratification. I will avoid intimate relationships with students (ahimsa; non-violence, and aparigraha; non-coveting) and avoid abuse of drugs and alcohol (saucha; purity). I will avoid imposing my beliefs on others, although I may express them when it is appropriate to do so within the context of a yoga class. I will make only realistic statements regarding the benefits of yoga. I will treat all communications from students with professional confidence.

**By signing below, I acknowledge that the information printed in this questionnaire is accurate and I show that I accept all requirements, conditions and agreements expressed within the Full Disclosure and Acceptance of Terms and Code of Ethics.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Agreement of Release and Waiver of Liability**

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Teacher Training (the Program) offered by Sacred Rivers Yoga, LLC (Sacred Rivers) and held at Sacred Rivers Yoga in Glastonbury, CT during which I will receive information and instruction about Yoga and Health. I recognize that this requires physical exertion which may be strenuous and may cause physical injury and/or side effects from injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Program . I represent and warrant that I am physically fit and that I have no medical condition which would prevent my full participation in any activity in which I participate during the Program. I understand that it is my responsibility to ascertain that I am capable of participating in any such activity, and that I should continue to keep Sacred Rivers fully informed of any physical or other condition or disability which would prevent or limit my participation in any activity.
3. In consideration of being permitted to participate in any activity during the Program, I AGREE TO , AND I, ASSUME FULL RESPONSIBILITY FOR ALL RISKS, INJURIES OR DAMAGES, KNOWN OR UNKNOWN, WHICH I MIGHT INCUR AS A RESULT OF PARTICIPATING IN ANY SUCH ACTIVITY.
4. In consideration of being permitted to participate in the Program that I sign up for, I hereby fully and forever release and hold harmless Sacred Rivers, and their respective employees, owners, and agents (collectively called the Releasees from and against any and all liability to me, my heirs executors, personal representatives, administrators and/or assigns, for any and all claims, demands, causes of action, losses and damages of any kind whatsoever on account of any injury including loss, injury, death or damage to my person and/or any property or to any other person and/or their property, caused or alleged to be caused by any action inaction, gross negligence or negligence of any of the Releasees. I hereby waive any right to sue any of the Releasees for any injuries or damages I may incur whether known or unknown resulting from my participation in any part of the Program.
5. I understand and agree this document is to be binding on myself, my heirs, personal representatives, executors, administrators and assigns.
6. I AGREE TO DISCUSS ANY HEALTH RESTRICTIONS, QUESTIONS OR CONCERNS WITH THE INSTRUCTOR PRIOR TO THE TEACHER TRAINING PROGRAM WEEKEND.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

## **Self-Responsibility Agreement**

I am responsible for my experience in the Sacred Rivers Yoga Teacher Training Program. I understand that the study and practice of yoga encompasses the physical, mental and emotional bodies, and that through the practice of yoga, I may experience alternate states of awareness. I understand that the program instructors and/or staff cannot be held responsible for knowing what it is that I need. I will articulate my concerns as they come up.

I understand that the curriculum has been designed to create the optimal yoga education for the majority of students and that each specific experience may not work for me as an individual.

During this program, I alone can monitor what feels safe to me, and I acknowledge that I can stop my participation at any time. Although my attendance is required in each session for me to become a certified yoga teacher, my participation is never required if I feel unsafe in any way. I know that it is my responsibility to speak up and/or take myself out of an experience if I feel that way. I promise that I will listen to my body first, and I will not hold Sacred Rivers Yoga responsible for my physical or emotional well-being.

I understand that during this demanding educational program, I will be challenged both physically and psychologically and encouraged to take personal risks. I acknowledge that only I can know my boundaries. It is up to me to respect and honor my own limits. I understand that practicing yoga is often about exploring more than just our physical bodies, and being open to shifting states of awareness.

I understand that in this program, I will be exposed to different belief systems. These systems may be different from my own. I understand that Sacred Rivers Yoga does not expect me to change my beliefs, and that the opinions expressed do not necessarily reflect those of Sacred Rivers Yoga.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_