

Mind Your Body. It's where you live.

INTRODUCTION

Thank you for your interest in the Mind Your Body Oasis 200 hour teacher training program. Below are detailed instructions on how to apply. This program involves a vigorous practice regime wherein we will be practicing at least once per day for at least 2 hours. It is recommended that you have practiced regularly (2-3 times per week) for at least a year.

HOW TO APPLY

In order to claim a spot in the training program please fill out this application completely and submit it with the \$300 deposit. In order to receive the early registration price, your payment must be made in full by 1/31/14. Enrollment is limited and we may accept last minute applications only if there is space in the program.

You automatically receive an unlimited yoga pass for the duration for the training.

Please ensure that you have filled out all parts of the application. You should be turning in:

- Application
- Payment and Agreement
- Liability Waiver

Applications can be dropped off at the studio or mail to:

1664-B Crystal Square Arcade

Arlington, VA 22202

PERSONAL INFORMATION

Name _____ Date _____

Address _____

Address _____

Phone Numbers _____

Email Address _____

Emergency Contact Name, Phone and
Relationship _____**MEDICAL HISTORY**

Please thoroughly complete the medical history section below. This is critical so that we can best address any emergencies that may occur. If there is not enough space please attach another sheet. We always endeavor to provide the safest environment possible. This extends to our awareness of your personal level of health and to the safety of others in the program. In order to maintain this high level of safety we reserve the right to request that you leave the program if your physical and or health is not at a level required to safely participate or if this affects the safety of others.

How do you rate your level of current health? (Circle One)

Excellent Good Fair Some challenges

(Please explain any challenges)

Do you have any injuries that might affect your ability to fully participate in the training? _____

Fully describe any medical conditions that might affect your ability to fully participate in the training.

Have you had any surgeries in the past year?

Is there anything else about your medical history and/or personal health that you would like us to know?

TELL US ABOUT YOU

It is important that we know as much as possible about you so that we can tailor the program to work best for everyone. Please paint as clear a picture as possible about your yoga practice and your personal history of fitness. It is important that you be as honest and clear as possible. It is ok to answer no to a question!

How long have you been practicing yoga? _____

How many times a week/day do you currently practice? _____

What styles do you usually practice? _____

Do you practice at other studios beside MYBO? _____

Where? _____

Do you have a primary teacher that you usually practice with? _____

Please tell us a bit about your past yoga studios and past teachers if applicable

Do you have a home practice?

PAYMENT INFORMATION

The base fee is \$3000. If you pay in full before January 31st 2014 the fee drops to \$2750. There is a non-refundable application deposit of \$300 which will be applied to the total fee if accepted into the program.

You are required to read 10 books as part of the training. These books are not included in the fee.

You may pay by check but please make sure to include your driver license number, state and expiration date on the front of your check.

You may pay by credit card but please call us or come in to arrange that type of payment.

PROGRAM PARTICIPATION AGREEMENT

I understand that if I am paid in full and fulfill all the requirements of the MYBO Teacher Training, including class hours, homework, and teaching your final exam classes. I will receive a certificate of completion which can be submitted to Yoga Alliance or a prospective employer as evidence that I have completed a 200 Hour Teacher Training program. Paying for the program and completing the hours alone does not mean that I will pass the program.

I understand that MYBO reserves the right to ask me to leave the training if I am found plagiarizing, if my behavior is; disruptive, inappropriate, negatively impacting other students' learning, unethical or violates Yoga Alliance ethical guidelines. Under such circumstances I understand that I will not be refunded my tuition.

I understand that MYBO reserves the right to ask me to leave the training if it appears that my health or physical practice are not at the level to fully participate in the training. Under such circumstances I understand that I will be given a pro-rated refund based on the amount of time that I have attended the training.

I understand that if I miss over 40 hours I will receive a non-passing status and will be asked to leave the training. Under such circumstances I understand that I will be given the opportunity to retake the program at a discounted rate, subject to availability.

I understand that if I am habitually tardy I will not receive credit for the days that I am tardy. I will not receive credit for the days that I am tardy. If I am 15 minutes late more than twice, the third time I will be asked to leave and will be required to make up the day according to the make-up policy. If I leave 15 minutes early more than twice, the third time I will be asked to leave and required to make up the day according to the make-up policy.

I understand that if I cancel 14 days prior to the start of the training, my deposit will be transferred toward a future Teacher Training and I will be refunded my remaining balance. If I cancel within 14 days before the start of the program, I will forfeit my \$300 deposit but my remaining balance will be refunded. **Once the program begins the tuition is non-refundable and non-transferable.**

I have read and understand the above terms and requirements: (Circle One)

Yes

No

Signature and Date: _____

ASSUMPTION OF RISK, HEALTH WARRANTY, RELEASE AND WAIVER OF LIABILITY

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 MYBO 200 Hour Teaching Training program. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing my practice.

I acknowledge that participation in the MYBO program naturally involves the 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 exertion. As such, I voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, and 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. I acknowledge that MYBO is relying on this representation and I understand that MYBO will investigate or certify my health or my fitness to participate in the program.

RELEASE AND WAIVER OF LIABILITY: In consideration for my participation my participation in MYBO's 200 Hour Teacher Training program, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless to MYBO each of the respective, owners, employees, contractors and agents (collectively, the "Releasees") 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 of relatives resulting from my participation in the program at MYBO, entry to or use of the equipment, facilities or services at MYBO, the negligence of anyone at MYBO except such as may arise out of the gross negligence or willful misconduct of the Releasees. 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 MYBO, whether using equipment, participating in active or passive exercise, or not. I understand that is Release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to MYBO wherein the training program takes place 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.

Dated: _____

Signature: _____

Printed Name: _____