



## **PERSONAL INFORMATION**

Name:

Street Address:

City State Zip Code:

Phone:

Email Address:

Occupation:

### **Emergency Contact**

Name:

Phone:

Relationship:

## **ADDITIONAL INFORMATION**

**1. How long have you been practicing yoga? If you are a yoga teacher, how long have you been teaching yoga?**

**2. Do you practice at Powerflow Yoga? At which studio do you primarily practice?**

**3. Do you have any experience with yin or yin/yang yoga?**



**4. Why do you want to do Powerflow's Yin Training?**

**5. What do you hope to gain from this training?**

**6. Have you attended any teacher trainings in the past? If so, where?**

**7. Please list any injuries or medical conditions that may affect your ability in certain movements.**



8. Please share anything else about yourself that you feel we should know.

9. Write your name exactly as you want it to appear on your certificate:

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**PROGRAM PARTICIPANT AGREEMENT:**

- I understand that I must pay in full and fulfill all the requirements of the training including in-class hours and homework to receive my 35 hour certification.
- I understand that Stacey Bell reserves the right to ask me to leave the program if my behavior is disruptive, inappropriate, negatively impacting other students learning, unethical or violates Powerflow Yoga's ethical guidelines. Under such circumstances, I understand I will not be refunded my tuition.
- I understand that I will receive a full refund and a \$75 processing fee if requested with at least 21 days notice. No refunds will be issued with less than 21 days notice.
- I understand that if I am unable to complete the teacher training, I will not be refunded.
- I understand that all training materials are proprietary and cannot be reproduced or distributed by me without the permission of Powerflow Yoga.
- I understand that if I am unable to complete the teacher training that I need to return the Powerflow Yoga teacher training manual and other training materials that were provided to me.

**I have read and accept the above terms and requirements:**

Yes No

**Please Initial:**



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

I, \_\_\_\_\_, hereby agree to the following: That I am participating in yoga classes and in training at Powerflow Yoga, LLC during which I will receive information and instruction about yin yoga. I recognize that yoga requires physical exertion that may be strenuous and may cause injury. I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga class/training. I further understand that if I become pregnant it is my responsibility to inform the instructor and consult a physician prior to and regarding my participation in the yoga class/training. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in yoga classes/training. I understand that instructors may sometimes physically adjust a student during yoga classes/training. If I do not want such physical adjustments, I will inform the instructor at the beginning of each class or training. I also acknowledge that it is my responsibility to inform the instructor when an adjustment has gone as far as I desire at that time. In consideration of being permitted to participate in yoga classes/training, 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 the yoga class/training. In further consideration of being permitted to participate in yoga classes/training, I knowingly, voluntarily and expressly waive any claim I may have against Powerflow Yoga, LLC, its owners, instructors, employees and agents for any injury or damages that I may sustain during or as a result of participating in the yoga class/training. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Powerflow Yoga, LLC, this includes Powerflow Yoga's owners, instructors, employees, agents and representatives for any injury or death caused by their negligence or other acts. Powerflow Yoga, LLC is not responsible for any personal belongings I bring to or leave at the studios. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions.

**I have read and accept the above release and waiver:**

Yes No

**Please Initial:**

**Signature:**

**Date:**

**Print Name:**

**If you have any questions about this application please email or call Christine Joseph:  
teachertraining@powerflownj.com / 973.986.8994**

