



powerflow school of yoga

200 HOUR TEACHER TRAINING

FIND YOUR POWER

Led By: Stacey Bell and Carrie Parker

TRAINING DATES

Circle One: Fall (Weekend) Winter/Spring (Weekend)

WHAT TO EXPECT: Expect change. Whether you want to teach yoga classes, or you just love yoga, this foundational, 200-hour program is perfect for you. You will deepen your knowledge and transform your practice as you dive into the yoga teachings of philosophy, pranayama, subtle body and meditation. Your understanding of asana will be deepened by your study of form, anatomy and teaching methodology. You will focus on building your confidence and finding your voice as a teacher. You will learn to cue with clarity, creativity and precision. You will be provided the space and the support for your personal growth. This transformational journey prepares you for the studio—and for life.

PERSONAL INFORMATION

Name:
Street Address:
City, State and Zip Code:
Phone:
Email Address:
Occupation:

Emergency Contact:

Name:
Phone:
Relationship:

PAYMENT & DEADLINES: In order to secure your space and rate in teacher training, please submit your completed application, with the \$500 non-refundable deposit; or with your tuition payed in full.

The Early Bird Rate of \$3,400 will expire 1 month prior to the training start date.

Final Deadline: 5 days prior to training start date.

Regular Rate: \$3,750

Monthly Payment Plan Available: Please note that a \$20 processing fee will be included in your payments.

REFUND POLICY: IMPORTANT: PLEASE READ AND INITIAL BELOW.

Refund Window: No refunds will be given 21 days prior to training start date.

Should you exercise the refund option within the refund window, there will be a \$100 processing fee.

\$500 deposit is non-refundable.

I have read and accept the above terms and requirements: Yes No

Please Initial:

ADDITIONAL INFORMATION:

8. Do you have a meditation practice? If so, please describe.

9. Please list any injuries or medical conditions that may affect your ability in certain postures.

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

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

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 200- hour certification. During my training, I will take at least 2 to 3 classes per week at Powerflow. I also agree to teach a New Talent Community Class at Powerflow before the completion of my training. Upon completion, my training hours can be submitted to the Yoga Alliance to register my hours. I understand that Stacey Bell and Carrie Parker reserve the right to ask me to leave the program if my behavior is disruptive, inappropriate, negatively impacting other students learning, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances, I understand I will not be refunded my tuition.

I understand that I will receive a full refund minus the \$500 non-refundable deposit and \$100 processing fee if requested within refund window. No refund will be issued after the refund window.

I understand that if I am unable to complete the teacher training, and I am on a payment plan, I am still responsible to make all remaining payments due to Powerflow Yoga LLC.

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 Powerflow Yoga teacher training Manual and other training materials that were provided to me.

I have read and accepted 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 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 risk, 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 classes/training. I, my heirs or legal representative forever release, waive, discharge and covenant not to sue Powerflow Yoga, LLC, this included 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 terms and conditions.

I have read and accept the above release and waiver: Yes No

Signature:

Print Name:

Date:

If you have any questions about this application please email Carrie Parker at cparker@powerflownj.com and Stacey Bell at sbell@powerflownj.com