

Journey to Fire teacher training application

**Personal Information**

Name/Nickname:

Address:

Email:

Phone:

**Emergency Contact**

Name:

Phone:

Relationship:

**Additional Information**

1. Please tell us about your fitness background (what type of fitness you typically do, how long you have been doing it for, and anything else you feel we should know):
2. Please tell us about your fitness certification(s) including the certification(s) you hold or are in the process of obtaining, the name of the training(s) you’ve taken, who you trained with, where the training took place, the dates you trained, and how many hours the training was:
3. Do you currently teach fitness classes? If so, what type of class(es), where, and how long have you been teaching?
4. Please tell us what you hope to get from this training program and how you hope to use your certification:
5. Please list below any hesitations you have about the training program:
6. Please list any injuries or medical conditions below:



1. Please share with us anything else about yourself that you feel we should know:
2. Please write your name exactly as you would like it to appear on your certificate:

**Program Participant Agreement**

* I understand that I must pay the full amount of tuition and fulfill all the requirements of the training including in-class hours and homework to receive my certification.
* I understand at time of acceptance into the program, a $250 non-refundable deposit will be due to reserve my spot. The deposit will applied to the total cost of the program.

• I understand that Amy Clark, Liz Snyder, or Katie Tierney reserves the right to ask me to leave the program if my behavior is disruptive, inappropriate, or negatively impacting other students learning. Under such circumstances, I understand I will not be refunded my tuition.

• 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 HOME Power Yoga.

• I understand that if I am unable to complete the teacher training that I need to return the HOME Power 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:**

**Signature:**

**Print Name:**

**Date:**



**Waiver of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby agree to the following: That I am participating in yoga classes and training at HOME Power Yoga, LLC during which I will receive information and instruction about power 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 yoga class/training. I represent and warrant that I 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 participation 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 HOME Power 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 HOME Power Yoga, LLC, this includes HOME Power Yoga’s owners, instructors, employees, agents and representatives for any injury or death caused by their negligence or other acts. HOME Power 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**

 **Please initial:**

**Signature:**

**Print Name:**

**Date:**

Thank you so much for taking the time to fill out this application!! If you have any questions, please email studio@homepoweryoganj.com