The ART of TEACHING
YOGA TEACHER TRAINING

Application Form

Full Name: .....

Address: .....

Date of birth: .....

Contact Number: .....

Emergency contact/Next of kin: .....

Why are you practicing yoga: .....

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For how long have you been practicing yoga: .....

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How regular are you practicing: .....

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Which style/teachers and why: .....

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Why do you want to teach yoga? .....

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Who are your inspirations/role models in the yoga world?

Why did you choose "The Art of Teaching" yoga teacher training?

What has inspired you to take a 200hrs teacher training NOW?

What is your educational and professional background outside of yoga? List other trainings or experiences that you think may be relevant.

What should we know past or present about your health that is relevant to this training? Do you have any medical conditions? Are you taking medications?

How did you hear about this training?

Release:

For consideration to practice yoga and participate to the full extent in "The Art of Teaching" Yoga Teacher Training, I understand that by signing I am to discharge "The Art of Teaching" team from and against any and all liability arising out of or related in any way with my participation in the course, even if that liability is caused by their conduct.

I agree to assume full and complete responsibility and risk of bodily injury, property damage or any other kind of injury foreseen or unforeseen, which may occur.

I understand the full cost of the program is non-refundable and non-transferable once training has started. There is a €500 non-refundable booking deposit.

I acknowledge that "The Art of Teaching" team or their representatives may take photographs, videos or recordings of me. I agree that these may be used worldwide in perpetuity, without compensation for marketing and trade purposes. I acknowledge that any voice or video recording I make during the event are for my eyes and ears only. I will never publish in any way.

I have read and agree to the terms of the release. ☐

Full Name: Date: