

## APPLICATION INSTRUCTIONS

The Gayatri Yoga Academy Teacher Training programs include a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation in an [email](#).

### Application Deadlines

To process your application, please send your complete application no later than 5 days prior to the program start date. However, enrollment is limited, so we recommend that you submit your application as soon as possible. We may accept last minute applications only if there is space in the program.

**Be sure to complete the following documents when submitting your application:**

#### **200-hour Teacher Training program application requirements:**

- Primary Application
- Payment Information & Program Participation Agreement

→ **To reserve your place in the training, you must submit the complete application along with a **minimum \$250 deposit**.**

→ **If including a check, please make payable to “Gayatri Yoga Academy (Memo: Deposit)”.**  
**Mail checks to: Gayatri Yoga Academy**  
**PO Box 790337**  
**Virgin, UT 84779**

→ **You may also pay by clicking this link here: [Pay Deposit Now](#)**

**\*This deposit holds your space for the training and is non-refundable\***

You have three options for submitting your completed application:

1. Resave this completed form with your name in the saved file title (example, “Jane Doe Application”). Upload it to the registration form on the Elise Mitchell Coaching website [here](#).
2. E-mail: Attach your application to an email addressed to [info@elisemitchellcoaching.com](mailto:info@elisemitchellcoaching.com). Please title your subject line “Application for GYA TT”.
3. Drop your application and deposit in an envelope at the front desk of the studio where your training is taking place\*. Please write on the top of your envelope **Attention: GYA Teacher Training**.

**\*Gaia Tree Yoga Shala 62 E 130 S Virgin, UT 84779**

**\*\*If you have any questions about where to send your application, please call 970.623.4628 or email your questions to [info@elisemitchellcoaching.com](mailto:info@elisemitchellcoaching.com)**

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This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

## 200-HOUR TEACHER TRAINING APPLICATION

### Personal Information

Name \_\_\_\_\_ Today's Date (M/D/YYYY) \_\_\_\_\_

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

#### Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Start date of training you are applying for (MM/YYYY): \_\_\_\_\_

#### How did you first learn about the Gayatri Yoga Academy Teacher Training program?

<input type="checkbox"/> I practice at:	<input type="checkbox"/> I was referred by: _____
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Friend
<input type="checkbox"/> My yoga teacher recommended it	<input type="checkbox"/> Facebook Ad
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other: _____

### Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program.

- How would you evaluate your current health?**
  - Excellent
  - Good
  - Fair
  - Some challenges (Briefly describe) \_\_\_\_\_
- Please let us know if you have any injuries that may affect your ability to fully participate in the training**
- Please list any medical conditions that may affect your ability to fully participate in the training**
- Have you had any surgeries in the last year? If the answer is yes, please explain**
- Is there anything else we should know about your medical history?**

*Safety is very important to us. At any time, your trainer(s) may ask you to leave if you are not at the physical and/or health level to fully and safely participate, or if you are affecting the safety and learning of others.*

## About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1. How long have you been practicing yoga? \_\_\_\_\_
2. How many days per week do you practice yoga? \_\_\_\_\_
3. What style of yoga do you usually practice? \_\_\_\_\_
4. At which yoga studios do you currently practice? \_\_\_\_\_
5. Do you have a home practice?  Yes  No
6. Who have been your primary teachers, both past and present? \_\_\_\_\_
7. Do you practice meditation and/or pranayama?  Yes  No
8. What area of yoga challenges you the most? (Please specify)  
\_\_\_\_\_
9. Do you practice inversions?  Yes  No
10. Do you practice Surya Namaskar (Sun Salutation) A & B?  Yes  No
11. Do you practice chaturanga  Yes  No
12. Is this your first training?  
 Yes  
 No If no, please list prior trainings: \_\_\_\_\_
13. Are you currently teaching yoga?  
 No  
 Yes. If yes, for how many years have you been teaching? Where do you currently teach?  
\_\_\_\_\_
14. In your opinion, what qualities embody a good yoga teacher? Why?
15. Why do you want to take a Gayatri Yoga Academy Teacher Training program?  
\_\_\_\_\_

**16. What are your expectations for this training? What do you hope to achieve at the completion of the program?**

## PAYMENT INFORMATION

### Deposit

**\$250 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate.**

- I already paid the \$250 deposit following the link on the instructions sheet.
- I am paying by check.** Please mail the check with your application to the appropriate address on the **Application Instruction** page. *\*Please include driver's license number, State and expiration date on the front of you check, payable to **Gayatri Yoga Academy**.*

- I am paying by credit card.**     MasterCard     Visa     American Express  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_

Is your billing information the same as your mailing address?

- Yes  
 No. My billing address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I hereby authorize the above payment of \$ 250.00 Today Please initial: \_\_\_\_\_**

- I am paying online by the deposit payment link given here. [Pay Deposit Here](#).

### Remaining Payment

- I am paying by check.** Please mail the check with your application to the appropriate address on the **Application Instruction** page. *\*Please include driver's license number, State and expiration date on the front of you check, payable to **Gayatri Yoga Academy**.*

**\*\*If paying in monthly payments, send 5 post-dated checks with the amount of \$549.80 each. Beginning month is February.**

- I am paying by credit card.**     MasterCard     Visa     American Express  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name as it appears on the card: \_\_\_\_\_

Is your billing information the same as your mailing address?

- Yes  
 No. My billing address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- (Monthly Payment Option) **I hereby authorize 5 payments in the amount of \$549.80 to be made monthly on the 14<sup>th</sup> day of the month for five months beginning Feb 14<sup>th</sup>, 2019**

**Please initial:**

- (Full Payment Options) **I hereby authorize the final payment of \$ \_\_\_\_\_ On \_\_\_\_\_ Please initial:**

- I wish to set up payments or pay tuition in full on line by following this link [here](#).**

I understand that if I fulfill all the requirements of the Gayatri Yoga Academy Teacher Training, including in-class hours, homework, quizzes and passing both the written and in-class final exams, I will receive a letter of completion, which can be submitted to the 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 I will pass the program.

I understand that Gayatri Yoga Academy reserves the right to ask me to leave the program if I am found plagiarizing, if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that Gayatri Yoga Academy reserves the right at anytime 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 I will be given a prorated refund, based on the amount of time I have attended in the training.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training and will be refunded my remaining balance. If I cancel within 14 days before the start of the training, I will forfeit my \$200 deposit and \$50 application fee but my remaining balance will be refunded. On the rare occasion that the Gayatri Yoga Academy training is cancelled, Gayatri Yoga Academy will refund you entirely. Gayatri Yoga Academy is not responsible for any travel costs that you incur to participate in the training. Once the program begins, tuition is nonrefundable and non-transferable.

I understand that all Gayatri Yoga Academy Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

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

**ASSUMPTION OF RISK, HEALTH WARRANTY, AND 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 Gayatri Yoga Academy' 200-Hour Teacher 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 Yoga or any other exercise.

I acknowledge that participation in the Gayatri Yoga Academy' 200-Hour Teacher Training 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 exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, 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 to the facility where I am taking my training and Elise Mitchell ("Gayatri Yoga Academy") is relying on this representation and I understand that neither to the facility where I am taking my training nor Gayatri Yoga Academy will investigate or certify my health or my fitness to participate in physical exercise and yoga instructional classes and teacher training.

**RELEASE AND WAIVER OF LIABILITY:** In consideration for my participation in Gayatri Yoga Academy' 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 the facility where I am taking my training and Gayatri Yoga Academy and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the "Facilities") where the 200-Hour Teacher Training Program occurs (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 or relatives resulting from my participation in physical exercise and yoga instructional classes and teacher training at the Facilities, entry to or use of the equipment, facilities or services at the Facilities, the negligence of to the facility where I am taking my training or Gayatri Yoga Academy, anyone at to the facility where I am taking my training or Gayatri Yoga Academy' behalf or anyone using the Facilities or Gayatri Yoga Academy' equipment, facilities or services, 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 the Facilities, whether using exercise equipment, participating in active or passive exercise, or not. I understand that this Release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to the facility where I am taking my training 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]

\_\_\_\_\_  
[Print Name]