

Application for Cloud Nine Yoga's  
Advanced Yoga Training 2010

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is it okay to reach you at work? Y/N

Email: \_\_\_\_\_

How did you hear about Cloud Nine Yoga? \_\_\_\_\_

**ASSUMPTION OF RISK**

I am aware that participation in today's lesson or any meetings following today with "Athena Engelman and Simone Market" may be hazardous activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume.

**RELEASE**

As consideration for being permitted to participate in the Cloud Nine Yoga's Advanced Teacher Training and its exercises, I hereby agree that I, \_\_\_\_\_, my assignees, heirs, guardians and legal representatives will not claim against, sue or attach the property of Erika Faith Calig, Athena Engelman or Simone Market for injury or damage resulting from my participation in any lesson, class, or activity. I hereby release Erika Faith Calig, Athena Engelman, Simone Market and all her agents and heirs from any and all such actions, claims or demands that I, my assignees, heirs, guardians and legal representatives now have or hereafter may have for injury or damage associated with my participation in the yoga teachers training classes and meetings of "Cloud Nine Yoga" and for all claims, injury damages or liability suffered by me in connection with my lessons at any location where I have participated.

Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician. Any therapies given are not to underscore traditional medicine.

Individuals under eighteen (18) must be accompanied by a parent or legal guardian.

I have carefully read this agreement and fully understand the above contents. I am aware and agree that it is a complete release of liability voluntarily assumed for my participation in physical fitness, exercising, and related activities with "Cloud Nine Yoga".

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Questionnaire:**

**Name and Date**

Have you been keeping track of all your yoga-related hours?

If so, tell us your current number of hours up as of today:

What subjects are you most interested in learning more about?

How do you see yourself bringing yoga to the world?

Tell about your yoga training background and plans for further studies:  
(i.e.: what workshops/trainings have you taken, who are you currently taking classes from?):

Are you currently teaching any yoga classes? If so, give info about what  
You are doing:

Who will be your mentor teacher? How and where will you be assisting?

State your intentions for the Advanced Yoga Training: