



Terry Lacy, Founder and Director
Angela Fileccia, Director of Education

"It's about the journey...not the pretzel."

APPLICATION & WAIVER

Yoga Teacher Training and Advanced Studies Program

A Personal Information:

Name _____

Address _____

Telephone _____ Email _____

Birthdate _____ Date of Application _____

B Applicant Questionnaire:

Please consider and answer the following questions (attach your answers on a separate sheet(s) of paper to this application form). In evaluating your application we will be considering both the thoroughness of your response and your compatibility with our program.

1. How long have you been practicing and in which traditions or lineages?
2. What teacher(s) have influenced you most? Why?
3. During a typical week, what does your yoga practice consist of?
4. Are you currently teaching? If so, where, for how long and what style of yoga?
5. What is your current career?
6. What is it you would most like to gain from Central Street Yoga's Teacher Training?
7. What are your strengths and weaknesses you would bring to the program?
8. What expectations do you have for the program?
9. Are there any health related conditions you have which we should be made aware of? Do you have any special needs or limitations?
10. Is there anything else you would like to share with us?

C Review and Application Fee:

We will review your application and contact you regarding acceptance. Enrollment is limited.

Please attach your \$150.00 application fee (made out to Central Street Yoga) to reserve your space in the program. This fee will be refunded if you are not accepted to the program. Mail the fee along with your signed and dated waiver of liability to: Central Street Yoga Trainings, 9 Central Street, Suite 401, Bangor, ME 04401.

D Release and Waiver of Liability:

All participants in Central Street Yoga's Training Programs are required to sign a release and waiver of liability in order to participate in the program.

- 1.** I warrant that I am over 18 years of age, in good health, and have no physical or mental condition that would prevent me or render it inadvisable for me to participate in the Yoga Teacher's Training and Advanced Studies Program.
- 2.** In consideration of receiving permission to participate in this program, I, for myself and for my personal representatives, heirs and next of kin, hereby agree to release and discharge from any liability whatsoever, and waive any and all claims I may have against any person or entity involved with this program in any manner, including but not limited to the Central Street Yoga, Institute at Central Street Yoga and each of their agents, assigns, employees, students and representatives, as a result of any injury or damage, including death, sustained by me or to my property while participating in this program, whether caused by the negligence of any of the above named parties or others, and whether foreseen or unforeseen.
- 3.** I understand that not all yoga exercises or practices are suitable for everyone and that participation in the suggested exercises and practices may result in injury. With the knowledge that any of these exercises and practices can result in injury, I hereby expressly assume all risks associated with participation in this program, including the risk of injury or damage resulting from performing any of these exercises and practices.
- 4.** I further agree to indemnify and hold harmless any of the above named parties from any claim by or against me arising out of my participation in this program, including all of their attorney's fees and costs.
- 5.** I understand that the instruction and advice presented in this program is not intended as a substitute for medical advice and counseling, and that one should consult a physician prior to the start of any new exercises or practices. I consent to and permit emergency treatment, medical or other wise, in the event of injury or illness. I further release all persons associated with this program in any manner from any claim whatsoever on account of treatment or service rendered to me during this program.

Signed: _____ Date: _____

Print Name: _____

Yoga Teacher Training and Advanced Studies Program

**Central Street Yoga
Teacher Trainings Program
9 Central Street, Suite 401
Bangor, ME 04401**

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