



770 Reading Road, Suite D  
Mason, Ohio 45040  
(513) 204-5657

## 50 Hour Teacher Training Application for Aerial Hammock Yoga

Thank you for your interest in Anahata Aerial Yoga Teacher Training Program! Below you will find detailed instructions on how to apply.

To reserve a place in the training you must send your complete application, along with a \$200 deposit. See different payment options below.

### **Personal Information**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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



## Medical History

Here are the contradictions of inverting with hammocks. If you are unsure, please talk with Paula, director of teacher studies about specifics.

- Recent Surgery (within 3 months) Please specify below..
- Heart Disease
- Very High or Very Low Blood Pressure
- Osteoporosis or Bone Weakness
- Recent Concussion or Head Injury
- Hiatal Hernia or Disc Herniation
- Recent Stroke
- Artificial or Re-Surfaced Hips
- Very bad Carpal tunnel syndrome

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training.

How would you evaluate your current health?

- Excellent
  - Good
  - Fair
  - Some challenges (describe)\_\_\_\_\_
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Please let us know if you have any injuries that may affect your ability to fully participate in the training. \_\_\_\_\_

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Please list any medical conditions that may affect your ability to fully participate in the training. \_\_\_\_\_

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**Medical History (con.)**

Have you had any surgeries in the last year? If yes, please explain..\_\_\_\_\_

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Is there anything else we should know about your medical history? \_\_\_\_\_

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**About You**

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

Everyone starts somewhere.

Have you practiced any Yoga Yes  No

If So, What kind of yoga (if you know) \_\_\_\_\_

Have you ever practiced Pilates, or similar classes? \_\_\_\_\_

Please list any other type of training you might find pertinent \_\_\_\_\_

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Do you practice inversions? Yes  No

Currently, do you have a certification? Yes  No

Are you currently teaching? Yes  No

What? how many years & where? \_\_\_\_\_



What areas of fitness challenge you the most? (please specify)

**About you (con.)**

Why do you want to take a Aerial Yoga Teacher Training program?



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

### Payment Information

I will pay in full with cash or check early bird deadline of August 18, 2017 to secure my spot and get early bird discount of \$200. That leaves a balance of \$1600.00 due. I understand that this is non-refundable.

For Credit Card Payments  
After making my non-refundable \$200 deposit with turning in of application, I authorize my credit card to be charged a total of \$1600.00 over 8 bi-weekly payments. Payments are scheduled:  
June 2<sup>th</sup>, June 23<sup>rd</sup>, July 7<sup>th</sup>, July 21<sup>st</sup>, Aug. 4<sup>th</sup>, Aug, 18<sup>th</sup>, Sept 1<sup>st</sup>, Sept, 29<sup>th</sup>



Name as it appears on the card: \_\_\_\_\_

Credit card # \_\_\_\_\_

MasterCard or Visa      Expiration date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

CSC number on back of card: \_\_\_\_\_

### **Program Participant Agreement**

I understand that if I fulfill all the requirements of Anahata Yoga Teacher Training program, including in class hours, homework, and quizzes, I will receive a certification for **Aerial Yoga Level 1 Teacher Training**. This can be submitted to a prospective employer as evidence that I have completed a 50 Hour Aerial Yoga Teacher Training Program.

I understand that if I am habitually tardy, and or miss more than 2 hrs. of training, I will have to make those up with individual sessions of training (\$75.00/hour with Paula, or lead aerial teacher) I will not receive credit for the days that I am tardy. It is your responsibility to make the hours up with the lead teacher.

I understand that my deposit is non-transferable and non-refundable. If I have to cancel before 1 month of the training I incur a \$300 cancelation fee. Other funds beyond that can be refunded before 1 month of training. (August 8<sup>th</sup>) I understand that if I cancel from Aug. 31<sup>th</sup> or later, I will not receive any refund. I understand that during the training if I drop out, my tuition paid cannot be returned.

I understand that all Anahata Yoga Center's Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author.

I understand and have read this agreement: Signature: \_\_\_\_\_



## **Assumption of Risk, Release and Waiver of Liability**

Aerial Yoga is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of Anahata Yoga Aerial 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 Anahata Yoga Center 50 hour Aerial Teacher Training program naturally involves the risk of injury to me. I further acknowledge that specific risks include resulting from over-exertion, physical adjustment, improper or negligent use of hammocks, failure to follow teacher 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.

Release and Waiver of Liability: In consideration for my participation in Anahata Yoga Center 50 hour Aerial 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 Anahata Yoga Center. I release Anahata Yoga Center from all actions, claims demands, suits, losses liabilities, expenses 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 Anahata Yoga Center, L.L.C. This release and waiver of liability 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, hammocks, participating in active or passive exercise, or not.

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Signature:

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Print Name:

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Date:

