**APPLICATION FORM**

**300-hour Yoga Immersion and Teacher Training**

**Please answer all questions, COMPLETE the legal agreement at the end of this document and submit to** [**training@thepracticebali.com**](mailto:training@thepracticebali.com)

|  |  |
| --- | --- |
| **Training Date** |  |
| **Legal Full Name** |  |
| **Preferred Name** |  |
| **Email** |  |
| **FB / Instagram** |  |
| **Date of Birth** |  |
| **Current Occupation** |  |
| **Nationality** |  |
| **Where do you live?** |  |
| **Which 200hr or 50hr training did you complete with The Practice?** |  |

YOGA HISTORY

& TEACHER TRAINING INTEREST

Please answer on the line below the questions

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| **How long have you practiced Hatha Yoga? Or other forms?** |
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| **Do you have a daily Meditation practice? Give details.** |
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| **Are you currently a certified teacher? If yes, please provide the following: The School, the Style, and the Graduation Year.** |
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* **Interests, Curiosities and Goals**
* Please answer on the line below the questions

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| **What do you hope to get out of the 300hr teacher training? Please list the 3 primary things.** |
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| **If you are not already teaching, are you interested in becoming a yoga teacher? If yes, what interests you about it?** |
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| **What do you find interesting or appealing about The Practice’s 300hr program?** |
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| **Over the last 12 Months what has been your greatest life-lesson?** |
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| **What life-lesson/s have you not yet learned that you are now committed to addressing?** |
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| **What strengths do you feel you bring to the training as it relates to being a member of a community/team?** |
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* **Limitations / Injuries / Medication**
* Please answer on the line below the questions

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| **Do you have any physical limitations/injuries that may prevent you from an extensive asana practice or for sitting for extended periods of time?**  **If yes, please describe:** |
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| **Are you currently taking any form of medication?** |
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| **Is there anything else it would be helpful for us to know about you or your past?** |
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| **Do you currently smoke?** |
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* **Emergency Contact Details**
* Please provide a primary contact plus an alternative contact in the case we cannot get in contact with your primary contact.

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| --- | --- |
| **Full Name** |  |
| **Relationship to you** |  |
| **Email** |  |
| **Phone Number** |  |
| **Full Name** |  |
| **Relationship to you** |  |
| **Email** |  |
| **Phone Number** |  |

FINANCIAL TERMS & CONDITIONS

***(please tick the box)***

**Financial commitment:**

* By submitting this application to The Practice, I agree that I understand the financial commitments and the time commitments required, if accepted to participate in this program.
* I agree to pay all tuition\* and fees in a timely manner once my application is approved by Octavio and Training team.

**Cancelation, Transfer, and Refund:**

1. If a student withdraws from the course, the deposit is **non-refundable**.
2. The Practice reserves the right to cancel any event (yoga retreats/yoga teacher training) if necessary. In the unlikely event that this occurs, a full refund of all monies will be returned to the client.
3. All transfer requests must be received prior to 60 days **BEFORE** start date of training.
4. All transfer request is accepted **1 time only** to another available YTT training course **within a 12-month** period.

* By submitting this application to The Practice, I agree that I fully understand the terms and conditions of cancelation, transfer, and refund.

LEGAL DISCLAIMER AND WAIVER

**Yoga is not a substitute for medical attention, examination, diagnosis, or treatment.**

**Yoga is not recommended and is not safe under certain medical conditions.**

* I affirm that I alone am responsible to decide whether to practice yoga.
* I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against The Practice, its owners, educators, teachers, contractors, and other Teacher Training participants.
* I have read and understood this assumption of risk. I acknowledge that I am signing freely and intend my signature to complete the assumption of the inherent risks of participating in the Yoga Teacher Training provided by The Practice.
* I agree to commit to the rigorous physical and educational experience for the entire duration of the curriculum, dedicate the time it takes me to complete assignments, and demonstrate proficiency in all areas.
* I understand that completing this training does not automatically guarantee Yoga Alliance Certification.
* I understand that yoga includes physical movement. Physical activity carries with it certain inherent risks that cannot be entirely eliminated. As is the case with any physical activity, the risk of injury, even serious or disabling, may be present in a yoga practice.
* I hereby assert that my participation in The Practice Bali's 300-hour Yoga Immersion and Teacher Training program is voluntary and that I knowingly assume all such risks. I recognize it is my responsibility for speaking with the teacher if I come to class with injuries or other physical or health related issues including pregnancy.

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| **Note: The information provided on this document is to be read in conjunction with our website** [**www.thepracticebali.com**](http://www.thepracticebali.com) **By signing this application, you are agreeing to the all of the Terms and Conditions, the Disclaimer and Waiver as summarized on this application and The Practice Website.** |

Participant signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

Thanks for answering all these questions. These will assist us in designing sections of the training just for you!

We will review your application and let you know if you have been accepted, as soon as possible, so that you can start your own planning. Remember that you can go to The Practice website to find out all the details about the undertaking the course in Bali.

<https://www.thepracticebali.com/yoga-teacher-training-bali/>

We will be in touch with you soon.

Kind regards,

**Octavio & The Practice Yoga Team**