



APPLICATION & WAIVER

Yoga Teacher Training and Intensive Program

Applicant Questionnaire:

"I now have the confidence and skill to support others in the practice of yoga, which is a huge privilege. Maybe more importantly, I have grounded and shaped my personal commitment to the practice of yoga." ~ Kathy Delamia

- 1** Take some time to consider and answer the following questions, thoughtfully.
- 2** We will review your application to determine available space and suitability; then contact you about acceptance into the program. Enrollment is limited to just 18 participants
- 3** Mail in your \$200 dollar deposit to reserve your space in the program. The deposit is non-refundable and will be credited towards your tuition. (The tuition is non-refundable as well.) Mail your deposit along with a signed and dated waiver of liability to:

Axis Yoga Trainings - 1305 Uinta St., Denver, CO 80220

Consider the Following Questions:

In evaluating your application we will consider the thoroughness of your response and compatibility with the course content.

1. Please tell us your name, age and contact info. (phone, e-mail, address).
2. What is your relationship to yoga?
3. How long have you been practicing and in what tradition or lineage?
4. On a typical week what does your practice consist of?
5. Are you currently teaching and if so where and for how long?
6. What is it you would most like to gain from this Yoga intensive? What are your strengths and weaknesses that you would bring to the program? Honestly, what expectations do you have?
7. Are there any health related conditions you have that we should know about? For example: high blood pressure, diabetes, anxiety, depression, and physical injuries, medications, etcetera
8. Is there anything else you would like to tell us?

All participants in the Axis Yoga Trainings are required to sign a release and waiver of liability in order to participate in the program.

Release and Waiver of Liability

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 intensive and teacher's training 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 Denver Institute of Yoga, Axis Yoga Trainings, Urban Flow Yoga, Derik Eselius, Derik Eselius LLC, Brenna Hatami, Kevin Durkin, Steven Powell and Mark A. Sisun and each of their agents, 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.

Print Name: _____

Signed: _____ Date: _____