**Application for 8Limbs’ Bali Level 1 Teacher Training**

Name: .....................................................................................................................

Address: ..................................................................................................................

Postcode: ....................... State: ........................ Country: ......................................

Phone: ............................................ Email: .............................................................

Date of Birth: ............................................ Age: ................ Gender: .......................

Occupation:..............................................................................................................

Emergency Contact Person (incl. phone numbers, area & country codes):

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How did you hear about us? ....................................................................................

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**Yoga Practice**

1. What forms of Yoga have you practiced regularly and for how long?
2. Please describe your current practice, extent and frequency.
3. Do you have any meditation experience, and if so describe from and extent?
4. Are you familiar with the eight limbs of Yoga? Do you know and accept that Yoga consists of more than posture and are you interested to learn those aspects?

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**Health History** (confidential)

1. Do you have an injury or disability?
2. Please list any medical conditions, such as heart problems, diabetes, severe allergies, high blood pressure.

7. Please list any drugs that you take regularly, including medication for anxiety, depression and recreational drugs.

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**Other Qualifying Issues:**

8. Are your English skills sufficient to read, write and communicate?

9. Are you capable of maintaining your focus on this intense training even if emotional issues or other distractions surface?

10. Will you be able to deal with issues arising from the fact that this training takes place in a developing, politically less stable and tropical country?

11. Does your passport have six months validity from the date of departure from Indonesia?

12. Why would you like to participate in this training?

**Agreement**

1. 8 Limbs agrees to provide professional training by experienced senior teachers who are qualified in their respective teaching field. We uphold the right of trainees to be treated in a respectful manner free from discrimination and harassment.
2. I agree to punctually attend all classes and workshops of this training and act in a respectful manner to all teachers and fellow trainees.
3. I understand that to be eligible to receive the 200-hour Yoga Alliance certification I must meet all course requirements.
4. To obtain certification all practical and theoretical assignments and workbook must be completed within the prescribed time frames. A journal of all non-contact hours must be kept and presented at the end of the training.
5. 8 Limbs retains the right to defer or discontinue a trainee’s participation in the training if they are unable to uphold this agreement.
6. 8 Limbs and its contractors accept no liability for any injury, loss, damage or costs incurred by me arising in relation to my involvement in activities related to this yoga teacher training.
7. The application fee/deposit is fully refundable in the case that this application is not accepted. After acceptance the deposit becomes non-refundable.
8. A place in a particular event is guaranteed only once the accommodation fee is paid. The accommodation fee becomes non-refundable 12 weeks prior to event unless we find a fill-in trainee (for which a $110 admin fee would be due). Accommodation fees are transferable to other events without an admin fee after 12 weeks prior to event if we can find a fill-in student. We recommend ‘Cancel for Any Reason’ travel insurance.
9. The tuition fee is due 10 weeks prior to event but is transferable or refundable should the trainee be unable to attend.

*Please sign that you have read and understood this mutual agreement and are prepared to uphold this contract.*

Trainee Name: ............................. .........................................................................

Signature: ..................................... ............................... Date: .................................