

MomentOm Arts Aerial Yoga 45 Hour (3 month) TEACHER TRAINING APPLICATION



Date: _____

Full Name: _____

Address: _____

City _____ State _____ zip _____

Phone #: (cell) _____ (Birthday) _____ / _____ / _____
Month Day Year

Email: _____

Emergency Contact: Phone: _____

Please submit a \$75 non-refundable application fee, plus a \$150 non-refundable deposit with this form to hold a spot. Full tuition is \$1500 due 1 month before start date, \$1800 after. Payment plan of three \$500 deposits is available if paid in full 1 month prior to start date. Payment Plan of three \$600 deposits if paid in full before training is completed. Cancellations will be charged \$200 1 month prior to start date, and \$400 within 1 month of start date.

Billing Information

Name (as appears on Credit Card) _____

Billing Address: _____ City _____ State _____ Zip _____

Credit Card # _____ - _____ - _____ Expires: _____ Code _____

Amount to be charged \$ _____

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN GET TO KNOW YOU BETTER.

1. How did you hear about MomentOm Arts Aerial Yoga 60 hr Teacher Training Program? _____
2. Are you a certified Yoga Instructor? If so, where and style (if applicable)? _____
3. What is your teaching experience in yoga or in any discipline, related or unrelated to yoga? _____
4. List any limitations that affect your practice, physical or otherwise: _____
5. What are your desires or goals for the training? _____
6. Anything else you feel is important for us to know? _____

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 MomentOm Arts Aerial Yoga 45 hr Teacher Training Program.
2. I 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 Triangle Yoga, or to Rebecca Drake 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 aerial 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,
4. 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.
5. 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.
6. 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 otherwise, 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.
7. I understand that all materials included in the MomentOm Arts Aerial Yoga Teacher Training Program and manual, written, electronic are not to be copied, reproduced or distributed by any means without written permission of instructor and Triangle Yog

I understand and agree to the above. Print Name _____,

Signed: _____ Date: _____

Participants of the MomentOm Arts Aerial Yoga Teacher Training programs acknowledge and agree that Aerial Yoga is a unique form of yoga that generally is not offered by other yoga studios in the Triangle area.

NON-COMPETITION AGREEMENT ON AERIAL YOGA; Other than teaching at Triangle Yoga, I will not teach Aerial Yoga within a 15 mile radius of Triangle Yoga, 930 MLK Jr Blvd Chapel Hill, NC 27514

Aerial Yoga Participant (Print Name) _____

Aerial Yoga Participant (Signature) _____ Date _____