

Explain your intentions and goals around enrolling in this program:

Medical History -Please include chronic limitations, psychiatric conditions, hospitalizations, surgeries, treatments, medications (please attach a sheet with any additional information)...

Exercise/Fitness: How often do you practice yoga? What styles and tools are you drawn to? Are you currently teaching? Do you meditate? In what other ways do you enhance physical function?

In the event of emergency, please give the name and number of two contacts:

PROGRAM RELEASE FORM

I fully understand that this training is educational, and that I am solely responsible for my health, safety and well-being while participating. I agree that I will inform my instructor of any activity which I cannot safely perform, and that I will not perform any activity which I feel is likely to cause me to injure myself. I agree to hold the instructor and studio harmless from any and all responsibility for any injury which I may sustain during or as a result of this training. If I am under any physicians' or therapists' care at this time, I have received permission from them to attend this training. I affirm that the information I have provided is accurate. I understand that my certification is contingent upon successful completion of 180 Contact Hours, 22 Non-Contact Hours, a written examination, all educational modules and a comprehensively taught practicum.

Name of Program: CrossRoads 300 Hour Yoga Teacher Training

Date: _____

Name of Director of Training: Crystal Sullivan, PT, E-RYT

Your Name: _____

Your Signature: _____

CROSSROADS YOGA TEACHER TRAINING CODE OF ETHICS

I will strive to.....

- ~Conduct myself in a professional and conscientious manner.
- ~Acknowledge the limitations of my skills and scope of practice and where appropriate, refer students to seek alternative instruction, advice, treatment or direction.
- ~Create and maintain a safe, clean and comfortable environment for the practice of Yoga.
- ~Encourage diversity by respecting all students regardless of age, physical limitations, race, creed, gender, ethnicity, religion or sexual orientation.
- ~Respect the rights, dignity, privacy and boundaries of all students.
- ~Avoid words and actions that constitute sexual harassment.
- ~Adhere to the traditional Yoga principles as written in the Yamas and Niyamas and constantly seek new opportunities to grow and develop on all levels.
- ~Follow all local government and national laws that pertain to my Yoga teaching and business.

By signing below, I acknowledge the information I have provided to be accurate and truthful. I agree to and accept all requirements, conditions and agreements expressed.

Signature _____ Date _____