

Bhav Brigade SADHANA 200 Hour Yoga Teacher Training (YTT) Application

Congratulations on choosing to take the path of deepening your practice through the Bhav Brigade-Sadhana Training Program! Please use the space provided to answer the following questions:

Applicant Name _____

Phone: _____ Email: _____

Emergency Contact (name & phone): _____

Do you have yoga teaching experience? _____ Yes _____ No

How long have you been practicing yoga? Tell us about it. Which styles have you practiced (i.e. Vinyasa, Hatha, Kundalini, etc.)?

Where do you primarily practice (studio or name of facility/organization)?

Why are you pursuing this program--both YTT in general and this program in particular?

What do you think the role of a yoga teacher is?

What teachers and mentors have influenced you in both yoga and in life? How do they inspire you?

Please provide a relevant physical, mental and emotional history.

Any additional information you would like to share (optional):

Please submit completed application with *non-refundable* check for \$100 to: Bindu Wellness 627 Virginia Avenue Virginia Beach, VA 23451.

Participant Release

By signing below, you confirm that you have read, understood and agree to be bound by all of the following points, which serve as a binding contract between you and Bindu Wellness, LLC ("Bindu Wellness"), and that you are eligible to participate in Bindu Wellness programs under the conditions set forth below. If you do not agree to be bound by this Participant Release, we regret that we cannot accept your enrollment.

1. **Your Age.** You must be 18 years old or older, and fully empowered under the laws of Virginia and your state of residence to enter into binding a contract, in order to participate in Bindu Wellness programs.

2. **Your Health and Physical Condition.** Every form of exercise carries some degree of risk of injury. Some yoga exercises and postures, for example, are not appropriate for every person. You are responsible for making sure that your health and physical condition permit you to engage in Bindu Wellness programs by consulting with an appropriate health-care profession before enrolling and participating in any such programs. Bindu Wellness will rely on the fact that, by participating, you have sought such expert advice.

3. **Waiver of Claims.** Accidents can happen in any form of exercise. Except for claims of personal injury to you based on intentional wrongful acts of Bindu Wellness, you are assuming the risk of injury, damage and/or loss of any kind to you, your guests (including children), and your (and their) property resulting from or related to your participation in Bindu Wellness programs and other Bindu Wellness products and services, and you are waiving, releasing and discharging any and all such claims. The waiver of liability under this Participant Release applies to Bindu Wellness, LLC, and its members, officers, employees, contractors, vendors, agents and representatives (collectively, "Bindu Wellness Parties"), and extends to all claims, debts, liabilities, costs, expenses, and causes of action relating in any way to your participation in Bindu Wellness programs.

4. **Indemnity.** You agree to indemnify, defend and hold the Bindu Wellness Parties against any and all of the claims that are waived in Section 3 above, and any other loss or liability resulting from your wrongful acts and/or those of your guests at any Bindu Wellness program.

Name (print): _____

Signature: _____ Date: _____

