



MASTERSyoga© RYT200 TEACHER TRAINING ENROLLMENT FORM

Contact & Medical Information

Student Name (above)

Emergency Contact Name (above)

Student Email Address

Other Contact Email Address

Student Cell Phone

Date of Birth

M / F

Contact Cell Phone

Contact Work Phone (for emergency)

Student Address

Contact Address

Student City, ST ZIP Code

Contact City, ST ZIP Code

TUITION PAYMENT & ENROLLMENT CONTRACT

Payment for (9) 2-day sessions

Payable to: Marianne Mohr 113 Drooping Juniper, Ruidoso NM 88345

\$1,350.00

Enrollment Deposit (refundable in full, if semester cancelled)

Date of Enrollment Deposit / Check Number

(to be completed by school)

\$1,350.00

Tuition Balance (due prior to 3rd Session)

Date of 2nd Payment / Check number

(to be completed by school)

X

Student Understanding & Signature

Date

PLEASE READ CAREFULLY THIS IS A BINDING CONTRACT I agree to pay the balance of tuition, in amount of **\$1,350.00 prior to the start of 3rd Session**. I acknowledge I have received a scholarship of \$1,200 reducing tuition from \$3,900 to \$2,700. I agree there are no refunds, unless the semester is cancelled by the school due to minimum enrollment not met.

X

Student Understanding & Signature

Date

I agree that if I do not attend/complete all: 9 sessions, hours, homework and pay fees - **I will not graduate nor receive RYT certification**. Missed sessions may be made up in the next published semester. One make-up session is scheduled at conclusion of semester. Each 2-day make-up session is billed at an additional \$300 fee. Private tutoring at \$40/hr may be taken to make-up missed time or sessions per trainer availability.

MEDICAL INFORMATION & RELEASE

INDEMNITY

WAIVER OF LIABILITY

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations (use reverse side for all conditions)

INDEMNITY READ & UNDERSTAND YOUR RIGHTS IF YOU HAVE CONCERNS DISCUSS WITH A LEGAL ADVISOR: I have experience in the practice of yoga. I am in good health and I have my physician's release to practice yoga. I hold harmless Buddha Yoga School of Yogic Arts and all teachers or related parties from liability that may arise from my practice of yoga during the Training Semester and related activities. **I acknowledge and understand the risks of any program of exercise, especially yoga, which may cause injury to me. I agree to inform teacher of any injury or pain that may arise AT THE TIME OF OCCURANCE.** I will use caution and care to refrain from any movement which causes me pain or potential injury. I will advise instructors of any limitations and **I will not aggravate my known conditions nor engage in risky behavior nor perform postures which are uncomfortable or induce pain or discomfort.** All my physical limitations are listed above.

X

Student's Signature

X

Date

MEDICAL RELEASE In the event of injury to me, I give permission to any attending party to call for immediate assistance from caregivers of local Lincoln County hospitals, fire department or EMTs. I release Buddha Yoga School of Yogic Arts, Marianne Mohr and associated individuals, including guest teachers and other students, from liability in the case of my accident or injury during activities related to the yoga teacher training or practice - and will abide by safety procedures which include, but are not limited to:

I WILL REFRAIN FROM: POSTURES OR MOVEMENTS UNFAMILIAR TO ME, POSTURES WHICH COMPROMISE JOINTS, PREVIOUS INJURIES, OR ANY PART OF MY SPINE. I WILL IMMEDIATELY STOP POSTURES OR MOVEMENTS WHICH CAUSE PAIN TO ME.

X

Student's Signature

X

Date

X

Witness Signature and Print Name

X

Date