

# KFIY Yoga Teacher Training Application Form



## APPLICATION FORM

### HOW TO SUBMIT YOUR APPLICATION:

- Print, complete, and return pages, along with a brief letter stating why you want to participate in the KFIY Teacher Training Program
- Please use extra paper if you need more space and label it clearly
- email to [leigh@sadhanayoga.ca](mailto:leigh@sadhanayoga.ca)
- Program deposit is due upon acceptance into the program. E-transfer your payment of \$2800 +GST \$140 = \$2940 to [leigh@sadhanayoga.ca](mailto:leigh@sadhanayoga.ca) or pay online using the online registration method at <https://app.heyMarvelous.com/sadhana-yoga/buy/product/36957>

Please Print Clearly

Name	Date
Address	
City / Province	Postal/VIP Code
Primary Telephone (with area code) - Res:	E-Mail Address:

**Please note: All Applications will be reviewed on a “case by case” basis.**

List any experience you may have in any of the following areas.

Hatha		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Meditation		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Philosophy		
Date(s)	Hours	Institute / Location
City	Teacher(s)	
Describe		

Yoga training additional		

Cancellation Policy:

- Register early to assure your place.
- Once accepted 50% (\$1470) of the fee is due. The remainder is due before January 15<sup>th</sup>.
- There is a nonrefundable \$150.00 registration fee (included in price) if you withdraw.
- In the event this course is cancelled your payment will be refunded in full.
- Withdrawal from the course: With notification of less than two months before the scheduled date you will be refunded 50% of your fees. Notification of less than one month and you will forfeit the full workshop fee. Consideration given for special circumstances.

Informed Consent and Waiver of Liability – return this with your registration payment

I understand that yoga poses are physically intensive exercise and I voluntarily assume the risk inherent in my participation in this workshop, including the risk of injury, accident, death, loss, cost or damage to my person or property, and I release and indemnify organizers and teachers, Leigh Anne Milne from and against all such claims and liabilities, including medical and attorneys' fees from this date on. I further attest that I am in sufficient health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in this workshop.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_