



**AUM hOMe Shala**

501 (c)(3) Non-Profit

**2019**

**Yoga Therapy for Spinal Health Care  
Student Application**

Please complete the following information as specifically as possible and sign at the bottom. All information submitted in this application will be kept confidential. Please feel free to use additional pages to complete the application.

**Personal profile:**

NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
Please Print

Birth date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Notification: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Interest in Yoga**

1. How did you hear about AUM hOMe Shala?

- Yoga Journal [ ] Brochure [ ] Workshop [ ] Conference [ ] Yoga Alliance [ ]
- IAYT [ ] Kripalu Yoga Teachers Association [ ] Natural Awakenings [ ]
- Referred by a friend [ ] Other \_\_\_\_\_

2. If you are a yoga teacher, what style(s) or lineage(s) do you teach? Which would you consider to be most influential in your personal practice?

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3. How would you describe your level of comfort and experience teaching group classes? Individual (private) sessions?

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4. Do you teach yoga for any special populations, including, but not limited, to the population addressed in this course?

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5. How do you hope to apply the information that you learn?

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6. Are you currently managing any injuries/illness that you are concerned may impact your participation in the practice/practice teaching portions of the course?

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**Assumption of Risk/Waiver of Liability and Media Release**

**ASSUMPTION OF RISK/RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

**Assumption of Risk:** I recognize the possibility of potential injury that may result from participating in Yoga classes or any other classes at Aum Home Shala (“Shala”). Being fully aware of this risk, I voluntarily choose to participate in Shala programs and accept all risks associated with that participation. In consideration of being accepted as a Yoga student, I on my own behalf, and on behalf of my heirs, administrators, executors and successors, hereby forever release and covenant not to the Shala, its officers, directors, shareholders, employees, volunteers and all others associated the Shala including Melinda Atkins, from all liability for any and all damages and injuries I may suffer while under the instruction, supervisions or control the Shala. I hereby fully agree to individually provide for all present and possible future medical expenses which I may incur as a result of any injury sustained while participating at or for the Shala.

I have read and understand this acknowledgment of policies, risk and waiver of liability and I voluntarily affix my name in agreement.

\_\_\_\_\_  
Student’s Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY DEFEND AND AUM Home Shala, (“Shala”) its officers, directors, shareholders, employees, volunteers and all others associated with the Shala including Melinda Atkins HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including but not limited, attorney’s fees, arising from, or in any way related to my participation in Shala programs, classes and events, except for those arising out of the willful misconduct and/or gross negligence of the above named parties, as applicable.

I have read and understand this acknowledgment of policies, indemnification and hold harmless agreement and I voluntarily affix my name in agreement.

\_\_\_\_\_  
Student’s Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s Signature



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**MEDIA RELEASE  
Audio and Image Consent**

By attending and participating in all AUM hOMe Shala classes and events, I hereby grant my permission to AUM hOMe Shala and its officers, directors, shareholders, employees, volunteers and all others associated with AUM hOMe Shala, including Melinda Atkins, to be filmed, audiotaped, or photographed by any means, and grant full use of my likeness, voice and words without the expectation of compensation.

I have read and agree to the above.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**Cancellation policy: If you cancel 3 weeks prior to the program, you will receive a full refund minus a \$100 nonrefundable processing fee. If you cancel between 3 weeks and 1 week prior to the program, you will receive a refund of half the tuition, minus the \$100 non-refundable processing fee. Cancellations less than 1 week prior to the program are nonrefundable.**