



PATANJALI YOG SAMITI

(A Yoga teaching body of PATANJALI YOGPEETH TRUST, Hardwar, India) in association with
Patanjali Yogpeeth Trust USA (US registered 501© (3) Non profit Corp.) www.pyptusa.org

Professional Development Program (Assistant YOG TEACHER (Level I)) ENROLMENT FORM

PERSONAL DETAILS

TITLE: Dr / Mr / Mrs / Ms (CIRCLE AS APPROPRIATE)

First Name.....Last Name.....

Date of BirthMale/Female.....

Permanent Address

.....

Post Code.....Marital Status.....

Telephone No. 1. Home.....2.Office.....

3. Mobile..... E-mail Address.....

Education/Qualification.....

Present Profession/Occupation.....

HEALTH DETAILS

Are you currently under the care of a doctor or medical professional? YES / NO

When did you last consult your GP (family doctor) and why?

Are you currently taking prescribed medicine? YES / NO

If you answered YES to the above question please give details of the name AND dosage of the medication?.....

Do you smoke? YES / NO How many units of alcohol do you consume weekly?

Are you currently suffering from or have suffered from any illness listed below (CIRCLE AS APPROPRIATE):

- | | | |
|------------------------|-----------------------------------|-------------------------|
| Heart Trouble | Lung disease | Stomach/bowel trouble |
| Jaundice/hepatitis | Joint problems Diabetes | Allergies |
| Headaches/migraines | Asthma | High blood pressure |
| Low blood pressure | Back/neck problems | Serious accident |
| Severe stress reaction | Kidney/bladder disorder | Fits/blackouts/epilepsy |
| Hearing/sight problems | Surgical operations/Skin problems | Depression/anxiety |
| Hernia or rupture | Other:..... | |

If you circled any of the options above please provide details and approximate dates where relevant:

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GENERAL INFORMATION

Are you affiliated with a temple, Community Centre or other organisation? **Yes/No**

If so, please state type of organisation: **Voluntary/ Private/ Public**

Address of Organisation.....
.....

Please tell us below of any previous experience you have in teaching or learning Yog:

.....
.....

How did you find out about Patanjali Yogpeeth Trust?.....
.....

Why do you want to be associated with Patanjali Yogpeeth Mission?.....
.....
.....

Are you ready to devote minimum 2 hours weekly to teach and promote free Yog classes?.....
.....

Schedule: 3- day Training starting from 7th till 9th February 2020 at Irvine, CA

DECLARATION

I hereby declare that the particulars furnished above are true to the best of my knowledge.

Applicant's Signature.....

Date.....

PAYMENT: \$151 - CASH/CHECK (Payable to PYP Yog Foundation Inc) or pay by credit card through our web site – www.pyptusa.org

CONTACT DETAILS: Tanvi Shah, 201-281-9725 or Tanvi@tanviyoga.com

Mailing address for payment: 323 W. Alkire Lake Dr., Sugar Land, TX 77478

RECEIVED BY:

NAME:.....SIGNATURE:.....DATE.....

Note: Applicant must be over 18 years old, healthy, dedicated, financially stable, and educated, to register for this course.

**DISCLAIMER FORM
ASSISTANT YOG TEACHER'S TRAINING SESSION**

The **Assistant Yog Teachers training sessions** are run by a voluntary organization called, **PATANJALI YOG SAMITI (A Yog teaching body of PATANJALI YOGPEETH TRUST, Haridwar, India) in association with Patanjali Yogpeeth (USA) Trust** who are hereby referred to as the Organizers & Instructors ("O&I").

The Organizers & Instructors ('O&I') which expression shall include all related entities (employees, agents, affiliates, volunteers associated with them) expressly state that, in general Yog-Pranayam is safe and beneficial but like any other health and physical exercise program it needs to be practiced judiciously, correctly and cautiously. No citing by O&I at the Yog-Pranayam Classes to any health-related/medical/other information is intended to be a substitute for professional judgment of a qualified health-care provider. The O&I are not subject or liable to change the structure of the Yog-Pranayam Classes to suit individual needs. Not all presentations at the Yog-Pranayam Classes may be suitable for everyone. If pain is experienced anytime during the practice of Yog-Pranayam, it should be stopped immediately and a qualified health care professional should be consulted. The O&I assume no responsibility and will not be liable for any harm, injury, damage known or unknown or otherwise, that may result from any tort, negligence or from a breach of an express or implied warranty however caused or occurring during or after participation in the Yog-Pranayam Classes or while practicing anything presented therein. By participating in the Yog-Pranayam Classes the participant or the guardian who is responsible by law for the participant, hereby expressly and Willingly assumes all risks, full responsibility and liability for participating and practicing anything presented therein and forever waives and releases and agrees to defend, indemnify and hold the O&I harmless from and against any and all injuries (including death), damages and any other claims or demands, liabilities and settlements (including without limitation, legal and accounting fees) on or against the O&I for losses or damages, including, without limitation, direct, indirect, incidental, consequential or special damages, personal injury/wrongful death, resulting from or alleged to result from participating in or practicing anything that is presented in the Yog-Pranayam sessions. I, my heirs or legal representatives' forever release waive, discharge and covenant not to sue the O&I for any injury or death caused by their negligence or other acts. The O&I, at their sole own discretion reserve the right to deny participation at any time of the Yog-Pranayam sessions to any entity without assigning any reason whatsoever.

RULES FOR PARTICIPATING IN YOG-PRANAYAM Assistant Yog Teachers training Sessions

1. I understand that it is my responsibility to consult and obtaining consent from a physician prior to and regarding my participation in the Yog-Pranayam Sessions, Health Programs or Workshops.
2. Suitable clothing is advised e.g. loose gym wear/jogging wear/Punjabi suit.
3. Participants will bring their own Yoga mats/bed sheets, towels, tissues and water (if required).
4. We do recommend that participants maintain a regular medical check up to see for themselves how Yog-Pranayam may be affecting their health within the medical parameters of concern (if any) or of those being monitored.
5. Participants are advised to come on an empty stomach for maximum results (No food 5 hours before theYog-Pranayam Session)

O&I highly recommends to every participant to consult and obtain independent medical advice from their Health Care Professional before executing the aforesaid disclaimer and become aware of any effect that may be applicable in light of your medical history or concerns.

I acknowledge that I am participating in the yog-Pranayam Assistant Yog Teachers training sessions on voluntary basis. I have read, understood in its entirety and I voluntarily agree to the terms and conditions of the release and waiver of liability and rules for participating in yog-Pranayam training sessions as described above.

Student/Legal Guardian Signature: _____ **Date of Signature:** _____

Print Full Name _____