



Be Luminous Yoga

Come home to your power.

Teacher Take-Off 2015: Non-300 HR Participant

Contact Information

Legal Name	
Preferred Name	
Mailing Address	
City ST ZIP Code	
Cell Phone	
Work Phone	
E-Mail Address	
Date of Birth	

Demographic Information

Current Occupation	
Age	
Gender	
Interests	

Program Dates: Please select the program dates you are applying for below.

September 20-October 25, 2016	
January 17 –February 21, 2017	

Yoga History and Teacher Training Interest

How long have you been practicing yoga? _____

What style(s) of yoga do you practice regularly? _____

Please check one. I am applying to this training primarily to...

_____ enhance my capacity as a yoga teacher.

_____ become an assistant at Be Luminous Yoga.

_____ enhance my own growth in yoga and its related teachings

Please check all that apply:

I have completed a 200 HR Teacher Training Program Please list program title, location & date:

Training beyond a 200-Hour Teacher Training – *not required*. Please list *key* programs, titles, location & dates:_____

What, specifically, about this program is of interest to you and do you believe will help you achieve your goals?

What are your greatest strengths as a yoga teacher/assistant?

What are your greatest areas of growth as a yoga teacher or assistant?

Photograph

Please submit a photograph, attached here, or digitally if you are emailing this application. Your photograph is not used to determine your acceptance into the program. Rather, it is a means for us to familiarize the teaching staff with who you are before you arrive.

Please email completed Enrollment Forms to business@beluminousyoga.com.

Emergency Contact Information & Health History

Emergency Contact Name	
Relationship	
Phone	
Email	
Do you have specific injuries we should know about?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.	
Are you currently, or have you been in the last 6 months, under the care of a physician or mental health specialist for any reason?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain.	

Liability Waiver

I _____ (print full name) understand that yoga includes physical movement. Physical activity carries with it certain inherent risks that cannot be entirely eliminated. As is the case with any physical activity, the risk of injury, even serious or disabling, may be present in a yoga practice. I hereby assert that my participation in the Be Luminous Yoga Teacher Training program is voluntary, and that I knowingly assume all such risks.

I recognize it is my responsibility to practice modifications, and I take responsibility for speaking with the teacher if I come to class with injuries or am pregnant.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Be Luminous Yoga (legal name Luminous gorilla Yoga LLC), Michel Eubank Spruance, other teachers who may be present, and other Teacher Training participants.

I have read and understood this assumption of risk. I acknowledge that I am signing freely and intend my signature to complete the assumption of the inherent risks of participating in the Yoga Teacher Training provided by Be Luminous Yoga.

Signature Date

Enrollment & Refunds

Tuition: \$795 Payment due with Enrollment form.

Refunds for the tuition of this program follow the State of Washington Workforce Training Board refund policies, and work on the percentage of the program you have completed. If you withdraw from the program before it begins, you will be given a full refund minus a \$50 processing fee. After the program begins, you will be awarded a refund based on the percentage of the program you have completed, but not less than a \$50 processing fee.

1. The school must refund all money paid if the applicant is not accepted. This includes instances where a starting class is canceled by the school.
2. The school must refund all money paid if the applicant cancels within 5 business days (excluding Sundays and holidays) after the day the contract is signed or an initial payment is made, as long as the applicant has not begun training.
3. The school may retain an established registration fee equal to 10 percent of the total tuition cost, or \$100, whichever is less, if the applicant cancels after the fifth business day after signing the contract or making an initial payment. A "registration fee" is any fee charged by a school to process student applications and establish a student record system.
4. If training is terminated after the student enters classes, the school may retain the registration fee established under (3) of this subsection, plus a percentage of the total tuition as described in the following table:

If the student completes this amount of training:	School may keep this percentage of the tuition:
One week or up to 10%, whichever is less	10%
More than one week or 10%, whichever is less, but less than 25%	25%
25% through 50%	50%
More than 50%	100%

5. When calculating refunds, the official date of a student's termination is the last day of recorded attendance:
 - a. When the school receives notice of the student's intention to discontinue the training program; or,
 - b. When the student is terminated for a violation of a published school policy which provides for termination; or,
 - c. When a student, without notice, fails to attend classes for thirty calendar days.
6. All refunds must be paid within thirty calendar days of the student's official termination date.

Signature

Date

Please email completed Enrollment Forms to business@beluminousyoga.com.