

"Yoga Is A Reflection of Your Life &
Your Life Is A Reflection Of Your Yoga"



200 Hour Yoga Teacher Training Application Directed By Natana (Brienne Spans)



Contact Information:

Today's Date_____

Name_____

Birthday_____Year_____

Address_____

City_____ Zip Code_____

PhoneNumber_____

Clearly Print Email

Address_____

Emergency Contact Name /
Relationship_____

Emergency Contact Phone
Number_____



Physical Health:

How long have you been practicing yoga? _____

Do you exercise? _____

Has your doctor ever said you have a heart condition and should only do physical activity that was recommended by a doctor? _____

Do you feel pain in your chest when you do physical activity? _____

In the past month, have you had chest pain when you were not doing physical activity? _____

Do you lose your balance because of dizziness or do you ever lose consciousness? _____

Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? _____

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity? _____



In-Depth

This section of the application is intended to give us a better understanding of you as a person. The Gawea Yoga 200 Hour Yoga Teacher Training will work a lot on developing you as a person. We strive to help you discover your true authentic self. Helping you express your truth and creativity. We encourage you to include any transformational experiences or turning points in your life that have brought you to your current personal relationship with yoga and aspiration to become a teacher.

What does yoga mean to you?

What should a role of a yoga teacher be?



Why have you chosen to apply to become a yoga teacher? What is it specifically about the Gawea Yoga approach to yoga that interests you?

How will you prepare yourself for the next several months of in depth training?

Please be aware that this is schooling just like any other schooling you have taken before. You are required to attend all classes* and complete all assignments. Yoga teacher training requires dedication.

Anything else you would like us to know:



I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the yoga teacher training offered at Gawea Yoga. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the yoga classes, programs, or workshops. I understand the risks associated with the activities offered by Gawea Yoga and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities. I hereby WAIVE AND RELEASE Gawea Yoga, its owners, officers, employees, and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in the yoga teacher training at Gawea Yoga, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities. I am aware that this yoga training is like any other schooling I have done in the past. I am responsible for my schedule and showing up on time. I will take all assignments seriously. *If I miss any classes, it is my responsibility to contact the teacher and make up any work that was missed. I understand that to obtain my 200 hour yoga teacher training certification, I must complete the full course. I will also honor the space and sharing of my fellow students without judgement and hold a safe space for sharing. I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. Please practice mindfully and enjoy the many benefits of your yoga teacher training path with Gawea Yoga .

Print name: _____

Signature: _____

Date Signed: ____/____/____