



**Go Yoga Amelia Island 200 Hour Teacher Training Contract**  
**TUITION PAYMENT CONTRACT**

Todays Date: \_\_\_\_\_ Session Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SELECT PAYMENT OPTION: \$500 deposit included with application**

1) PAYMENT IN FULL \$2,400 (\$100 discount paid in full): \_\_\_\_\_

2) DEPOSIT INCLUDED WITH CONTRACT \$500.00: \_\_\_\_\_

BALANCE \$2000. TO BE PAID FIRST DAY OF CLASS: \_\_\_\_\_

3) MONTHLY PAYMENT BALANCE OPTION (an additional \$20 transaction fee will be applied)

	Date	
#1 Payment first of month	_____	<u>\$500</u>
# 2 Payment first of month	_____	<u>\$500</u>
# 3 Payment first of month	_____	<u>\$500</u>
# 4 Payment first of month	_____	<u>\$520</u> (includes administration fee)

CREDIT CARD ON FILE: (MC or VISA only)

CreditCard# \_\_\_\_\_ Exp Date \_\_\_\_\_ cvc# \_\_\_\_\_

Name on Card: \_\_\_\_\_

***I AGREE TO PAY MY FULL TUITION BY END OF THE COURSE***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Go Yoga Amelia Island 200 Hour Teacher Training Contract

### CURRICULUM COPYRIGHT AGREEMENT

NAME: \_\_\_\_\_

YOGA CERTIFICATION ENROLLMENT DATE: \_\_\_\_\_

I agree as follows:

#### COPYRIGHT:

1. I acknowledge \_\_\_\_\_ copyright ownership and other proprietary rights in the Go Yoga Amelia Island certification site training program. Except as permitted in this agreement, I agree that during the teacher certification and thereafter I will not disclose or use confidential information for my own benefit or that of others. Confidential information includes the instructor training outline and lesson plans, the student curriculum, instructional methodologies, tools and techniques used therein.
2. I fully understand and agree that if I breach any material terms of this agreement, I may be liable to Go Yoga Amelia Island, llc, for damages. Moreover, in addition to any available legal remedies for breach, Go Yoga Amelia Island, llc, shall be entitled to equitable relief including injunctive relief to prevent unauthorized use of proprietary or copyrighted materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Go Yoga Amelia Island 200 Hour Teacher Training Contract**  
**YOGA ETHICS STATEMENT**

I agree to uphold the Following standards of ethical behavior and I will:

1. Uphold the integrity as a yoga teacher by conducting myself in a professional and conscientious manner.
2. Acknowledge the limitations of my skills and scope of practice and refer students to seek alternative instruction, advice, treatment or direction where appropriate.
3. Create and maintain a safe, clean and comfortable environment for the practice of yoga. This includes sanitation practices, such as good hand hygiene and yoga mat care, to prevent cross-contamination among students.
4. Actively encourage diversity by including all students regardless of race, creed, gender, ethnicity, religious affiliation or sexual orientation.
5. Respect the rights, dignity and privacy of all students.
6. Avoid words and actions that constitute sexual harassment of any kind, including overt and covert seductive speech or gestures.
7. Adhere to the traditional yoga principles as set forth in the Yoga Sutras of Patanjali.
8. Abide by all local and national laws related to yoga.
9. I understand that from time to time my image during class may be used on the Go Yoga Website or Facebook.
10. I accept the Free Yoga classes offered at Go Yoga Amelia Island during my teacher training.

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**Student Signature**

**Date**



**Go Yoga Amelia Island 200 Hour Teacher Training Contract**

**Student Informed Consent Form**

This document affects your legal rights. You must read and understand it before signing.

I, \_\_\_\_\_ have enrolled in **Go Yoga Amelia Island, Yoga School** which involves physical activity including but not limited to various yoga and meditation exercises. I understand it is my responsibility to consult with a physician prior to and regarding my participation in this training program.

I, \_\_\_\_\_, for myself, my heirs and assigns, hereby release the **Go Yoga Amelia Island, Yoga School** from liability now or in the future for conditions including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, hearts prostration, knee, lower back or foot injuries and any other illness, soreness or injury, however caused, occurring during or after my participation in the training program.

I, \_\_\_\_\_, fully understand the withdrawal policy from the program outlined in the curriculum manual.

I hereby affirm that I have read and fully understand the above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Go Yoga Amelia Island is a Limited Liability Corporation offering Massage & Yoga, Corporate Yoga & Wellness, Public Yoga Programs and is a Yoga Alliance Registered School. We believe in small group trainings with personal attention to your professional development!*

**ABOUT YOU**

HOW LONG HAVE YOU PRACTICED YOGA? \_\_\_\_\_

HOW OLD WERE YOU WHEN YOU STARTED? \_\_\_\_\_

HOW FREQUENTLY DO YOU PRACTICE? \_\_\_\_\_

WHERE DO YOU CURRENTLY PRACTICE? \_\_\_\_\_

WHAT IS YOUR FAVORITE STYLE(S)? \_\_\_\_\_

WHAT BROUGHT YOU TO YOGA? \_\_\_\_\_

WHY DO YOU WANT TO BECOME A TEACHER? \_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR DESIRED STYLE TO TEACH/PRACTICE? \_\_\_\_\_

WHERE WOULD YOU LIKE TO TEACH? \_\_\_\_\_

HOW OFTEN CAN YOU TEACH? \_\_\_\_\_

WHAT TIMES OF DAY ARE YOU WILLING TO TEACH? \_\_\_\_\_

TO GRADUATE YOGA TEACHER TRAINING YOU MUST TEACH ONE KARMA (FREE) CLASS TO THE ORGANIZATION OF YOUR CHOICE. WHICH ORGANIZATION WOULD YOU LIKE TO CHOOSE? (This can be changed later) \_\_\_\_\_

Is there anything else you would like us to know about you?



**CONFIDENTIAL HEALTH HISTORY**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**What is the present state of your health?** \_\_\_\_\_

**Does your physician know you are participating in this training program?**  
\_\_\_\_\_

**Describe your current fitness program:** \_\_\_\_\_

**List medications you are taking and its purpose:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have now or have you had in the past: YES NO**

**1. Advice from a physician not to exercise?** \_\_\_\_ \_\_\_\_

**2. Do you have difficulty with exercise?** \_\_\_\_ \_\_\_\_

**3. Recent surgery (within last year)?** \_\_\_\_ \_\_\_\_

**4. History of Diabetes or Thyroid condition?** \_\_\_\_ \_\_\_\_

**5. History of heart problems, chest pain or stroke?** \_\_\_\_ \_\_\_\_

**6. History of lung or breathing problems?** \_\_\_\_ \_\_\_\_

**7. Blood Pressure Problems?** \_\_\_\_ \_\_\_\_

**8. Cigarette smoking habit?** \_\_\_\_ \_\_\_\_

**9. Obesity (more than 30 lbs over ideal body weight)?** \_\_\_\_ \_\_\_\_

**10. Increased blood cholesterol?** \_\_\_\_ \_\_\_\_

**11. Pregnant (now or within last 3 months)?** \_\_\_\_ \_\_\_\_

**12. Chronic illness or condition?** \_\_\_\_ \_\_\_\_

13. Depression or Mental Health Problems? \_\_\_\_\_

14. Muscle, joint or back disorder or any previous  
injury still affecting you? \_\_\_\_\_

15. Eating Disorder? \_\_\_\_\_

16. I am allergic to the following medications: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT / RELATION / PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE