

### Inner Light Yoga Studios Waiver of Liability

I have read, understood and agree to the terms and conditions for application, admission, payment and participation in the IYT 200 hour Yoga Teacher Training Program at Inner Light Yoga Studios.

Initial: \_\_\_\_\_

I understand that by completing the Integrative Yoga therapy 200-hour program, that I am not a Professional Yoga Therapist. I must complete a 1000-hour Professional Yoga Therapist certification to hold this title.

Initial: \_\_\_\_\_

I am aware that participation in Yoga or any other physical activity may result in accident or injury, and student assumes the risk connected with the participation in Yoga and represents that Member is in good health and suffers from NO physical impairment which would limit their use of Inner Light Yoga Studios's facilities. Student acknowledges that Inner Light Yoga Studios has not and will not render any medical services including medical diagnosis of Student's physical claim, demand, cause of action of any kind resulting from or related to Student's use of the facilities or participation in any Yoga, exercise or activity within or without the studio premises, and Student agrees to hold Inner Light Yoga Studios harmless from same.

Initial: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

### PERSONAL COMMITMENT TO THE PROGRAM

I am committed to learning the material taught to me at the Inner Light Yoga Studios Integrative Yoga Therapy Teaching Training Program. I understand that this is a time commitment outside of contact hours including homework, reading, and comprehension. I understand that as an adult learner, it is my responsibility to keep track of and on top of homework, reading assignments and comprehension of material. I am committed to being on time each morning and after breaks. I agree to only use my cell phone during breaks and lunch.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

My current time line and commitment to completing the 200 hour program is as follows. (be as specific as you can)

\_\_\_\_\_ Weekend Program: chronological order of all modules. **I understand the \$50 transfer fee.**

**OR**

\_\_\_\_\_ Thursday Program: chronological order of all modules. **I understand the \$50 transfer fee.**

**OR**

\_\_\_\_\_ Flexible Program: I plan to complete the program in the following time frame: On the back of this sheet list when you plan to complete each module of this program over the next 2 years. It is the student's responsibility to keep track of modules taken. I will register for modules and email studio no later than 5 days before the module to reserve my space for each module.

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

The handouts and manual given to me are property of Inner Light Yoga Studios and Integrative Yoga Therapy. If I do not complete this training program in 2 years, I am required to return the manual and handouts to Inner Light Yoga Studios.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date