

YogaTrex

APPLICATION INSTRUCTIONS – BALI RESIDENTIAL 2010

The YogaTrex 200 hour Teacher Training program includes vigorous yoga asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

200-hour Teacher Training program application requirements:

Primary Application
Payment Information & Program Participation Agreement
Recommendation Form

To reserve your place in the training, you must submit the complete application along with a minimum \$500.00 USD deposit.

You have two options for submitting your completed application:

1. Email jkuhlman@me.com and attach your application.
2. Mail it to the address below:

Jerry Kuhlman
YogaTrex Teacher Training
6410 Five Acre Wood St.
Austin, TX 78746
USA

jkuhlman@me.com
512-623-0334

This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

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200-HOUR TEACHER TRAINING APPLICATION BALI RESIDENTIAL TRAINING 2010

Personal Information

Name _____ Today's Date (M/D/YYYY) _____
Birthdate (M/D/YYYY) _____

Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

Room Preference:

I prefer a Single Room (additional charge of \$900)

I prefer a Double Room (shared accommodation, participants to be paired by YogaTrex)

How did you first learn about the YogaTrex Teacher Training program?

I study with Stan Hafner

Advertisement: _____

Internet Search

Friend: _____

BaliSpirit.com

Other: _____

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Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. How would you evaluate your current health?

Excellent

Good

Fair

Some challenges (Briefly describe)

2. Do you have any of the conditions below?

Epilepsy

Diabetes

Heart Condition

High Blood Pressure

Severe Food Allergies

Severe Reaction to Insect Bites

Necessary Diet Restrictions

Pregnant, plan to become pregnant during the course of the training

No, I do not knowingly have any of the above conditions

3. Please list medications you are taking that were prescribed to you by a health care professional:

4. Is there anything else we should know about your medical history?

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About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

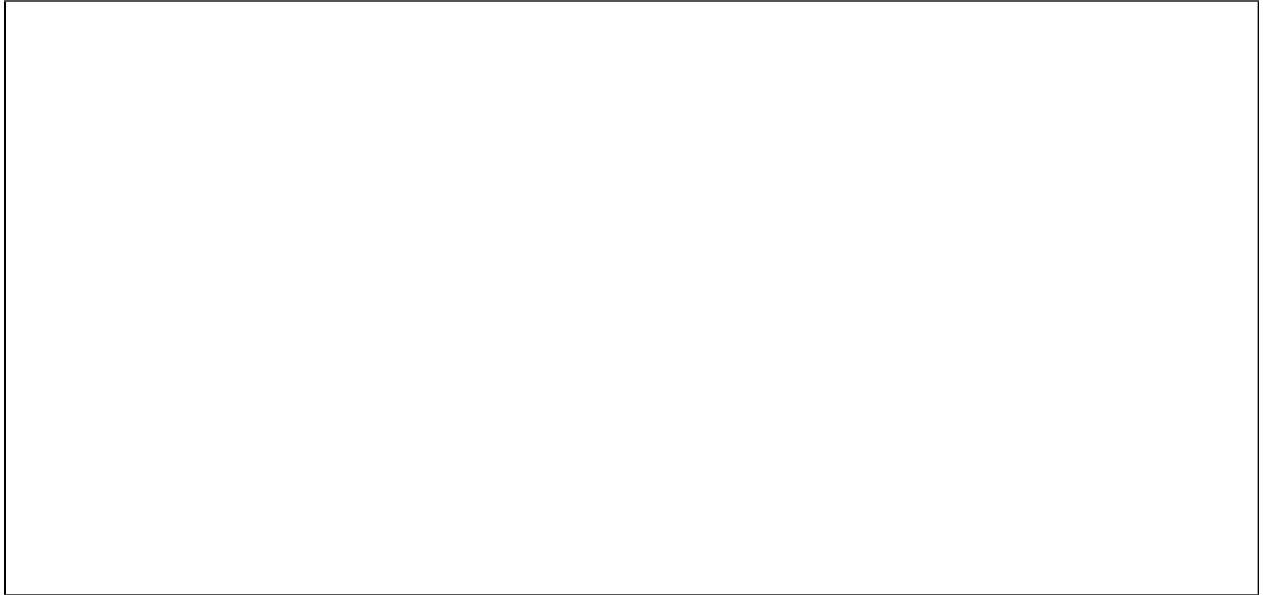
1. How long have you been practicing yoga? _____
2. How many days per week do you practice yoga? _____
3. What style of yoga do you usually practice? _____
4. At which yoga studios do you currently practice? _____
5. Do you have a home practice? Yes No
6. Who have been your primary teachers, both past and present? _____
7. Do you practice meditation and/or pranayama? Yes No
8. What area of yoga challenges you the most? (Please specify)

9. Is this your first training?
Yes
No If no, please list prior trainings: _____
10. Are you currently teaching yoga?
No
Yes. If yes, for how many years have you been teaching? Where do you currently teach?

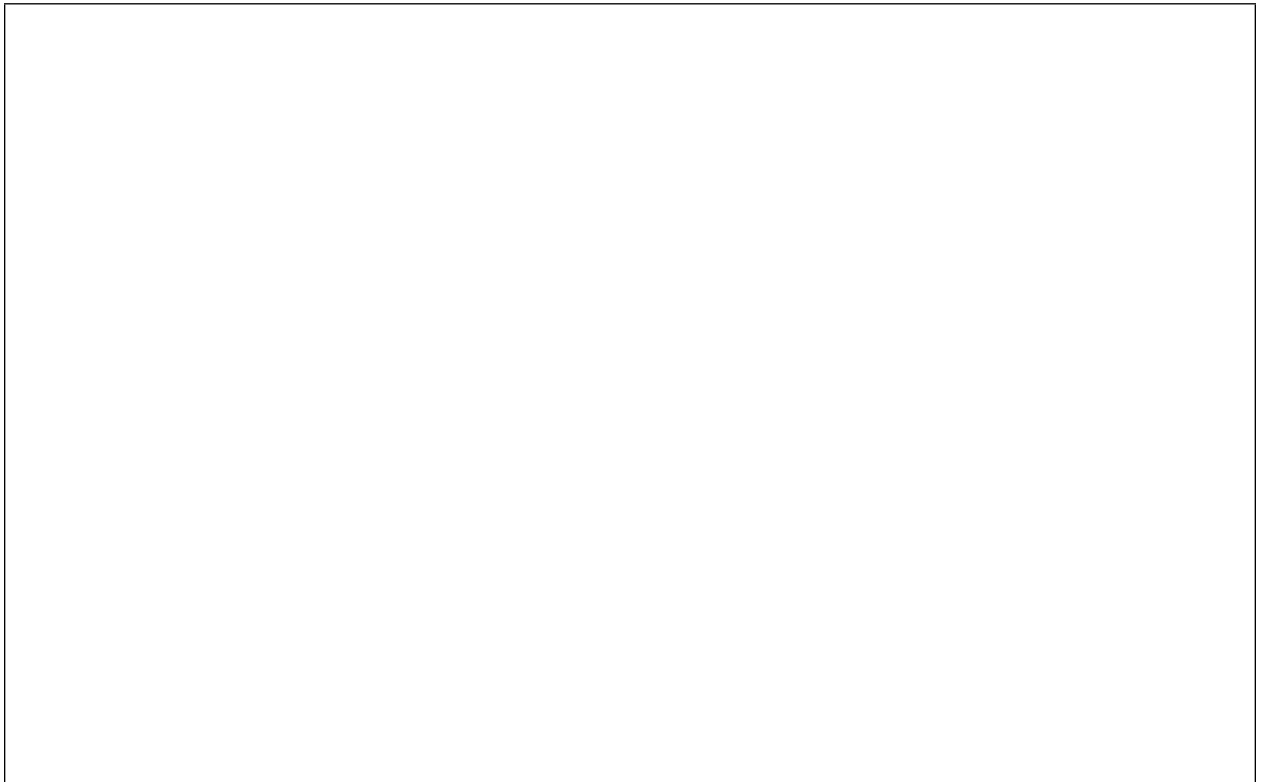
11. In your opinion, what qualities embody a good yoga teacher? Why?

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12 Why do you want to take the YogaTrex Viniyoga Teacher Training program?



13 What are your expectations for this training? What do you hope to achieve at the completion of the program?



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PAYMENT INFORMATION

\$500.00 USD non-refundable deposit is due with your application. Full payment is required to reserve your place, and is due no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rate.

I am paying by check. Please mail the check with your application to the appropriate address on the **Application Instruction** page payable to **YogaTrex**. **Please include driver's license number, State and expiration date on the front of you check.*

I am paying by credit card. MasterCard Visa American Express

Credit Card # _____ Expiration Date _____

Name as it appears on the card: _____

Is your billing information the same as your mailing address?

Yes

No. My billing address is: _____

City

State

Zip Code

I hereby authorize the payment of \$ _____

Please initial: _____

I understand that if I fulfill all the requirements of the YogaTrex Teacher Training, including in-class hours, any homework, quizzes and final exam, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program.

I understand that YogaTrex reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that if I cancel 14 days prior to the start of the training, my deposit may be transferred toward a future Teacher Training and will be refunded my remaining balance. If I cancel within 14 days of the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. Once the program begins, tuition is non refundable and non-transferable.

I understand that all YogaTrex Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements:

Yes No

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BALI TEACHER TRAINING PARTICIPANT AGREEMENT

This Trip Participant Agreement (this "Agreement") is dated _____, 2010 between YogaTrex, a Texas company ("YT") and _____ ("PARTICIPANT").

In consideration for PARTICIPANT paying YT a deposit and all fees owed in connection with the trip referenced in this Agreement (the "Trip"), YT will lead PARTICIPANT and group in a 200-hour teacher training in Bali. The dates of the Trip are from July 31-August 28, 2010 (the "Trip Dates").

YT is responsible for arranging all lodging from the night of July 31, 2010 through the morning of August 28, 2010. PARTICIPANT is solely responsible for all other nights of lodging. Airport Transfers will be included for arrivals on July 31, 2010 or August 1, 2010 and departures on August 27, 2010 or August 28, 2010 only. Other Airport Transfers are the sole responsibility of the PARTICIPANT. During the Trip Dates, YT is responsible for providing daily breakfast. YW is responsible for providing lunch on the 20 training days during the Trip Dates. PARTICIPANT is solely responsible for all other meals, including lunch on free days, and dinner on all days during the Trip Dates. During the Trip Dates, YT is also responsible for arranging, supervising and teaching all yoga activities, and is not responsible for arranging, supervising or guiding any other events or activities such as side trips. YT will arrange side trips solely as a courtesy to the PARTICIPANT, and any costs for side trips are the responsibility of the PARTICIPANT. YT is not responsible for PARTICIPANT's medical or dental costs, insurance, equipment for any other activities, or any other costs not mentioned in this paragraph.

YT reserves the right to cancel the Trip for acts of God, detention annoyance, terrorism, thefts, pilferage, force majeure, civil disturbances, government restrictions or regulations, strikes, delays and expenses arising from quarantine, failure of any means of conveyance to arrive or depart as scheduled, discrepancies or changes in transit or hotel services over which TW has no control or any other circumstances beyond its control.

YT also reserves the right to cancel the Trip if guest participation is inadequate to make the Trip economically feasible for YT to operate. If YT cancels the trip, YT will give PARTICIPANT a full refund for any amounts paid to YT for the Trip, including any deposits. However, YT is not responsible for additional expenses incurred by PARTICIPANT in preparing for the Trip (e.g., non-refundable air tickets, visa fees if applicable, loss of time expended in planning the Trip or medical expenses), or any foreseeable or consequential damages as a result of cancellation. PARTICIPANT hereby waives the right to bring a claim against YT for cancellation, and assumes the risk of cancellation.

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PARTICIPANT has carefully considered his/her ability to attend the Trip. PARTICIPANT understands that as soon as PARTICIPANT's deposit is made, YT will use the deposit to secure travel, lodging, meals, supervision and incidental expenses to arrange the Trip for PARTICIPANT. Accordingly, the deposit is non-refundable, and PARTICIPANT hereby waives any right to a refund of the deposit. If PARTICIPANT must cancel the Trip for health reasons provable by medical certificate, YT will use commercially reasonable efforts to secure a replacement for PARTICIPANT. If YT secures a replacement for PARTICIPANT then YT may issue a partial refund of the deposit and any other amounts paid to YT, in an amount determined by YT in its sole discretion. For these reasons, YT recommends that PARTICIPANT obtains travel insurance.

PARTICIPANT acknowledges that YT cannot ascertain all possible risks associated with the Trip and travel to a foreign nation which may not have the infrastructure, security, medical facilities, hygiene, and legal system of the United States. PARTICIPANT has been advised that some of the health risks or dangers may include: wild animals, negligent drivers, faulty equipment, unsafe food, contaminated water supplies, theft, living conditions that may not be as secure as those in the United States and inadequate medical facilities. PARTICIPANT is fully responsible to independently research all of the risks of the Trip.

PARTICIPANT confirms being mentally and physically fit and fully able to participate in the Trip. PARTICIPANT has consulted with a licensed doctor, disclosed all known disabilities and infirmities, and has been medically approved to attend the Trip and participate in all anticipated activities. PARTICIPANT has truthfully disclosed to YT in writing all known medical conditions, illnesses and injuries that bear upon fitness to travel and participate in all of the yoga activities on the Trip. PARTICIPANT understands that disclosure of these conditions is essential to not only the health and safety of PARTICIPANT but everyone else in the group. Failure to disclose any relevant conditions on PARTICIPANT'S teacher training application bearing upon fitness to attend the Trip shall constitute a waiver of any injury or damage on the Trip and shall subject PARTICIPANT to liability for any damages suffered by YT, or any third party, that were proximately caused as a result of PARTICIPANT'S failure to disclose such conditions.

PARTICIPANT acknowledges the possibility of personal injury, emotional trauma, detention, illness, unanticipated events, death, economic loss or damage to property. PARTICIPANT is aware that medical services or facilities, including emergency medical care and transportation, might not be available while he/she is participating in the Trip. PARTICIPANT also consents to and authorizes YT to obtain all emergency medical or dental care for PARTICIPANT that is prescribed by a duly licensed physician, osteopath or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of PARTICIPANT.

In consideration of being permitted to participate in the Trip, PARTICIPANT agrees to assume all risks of illness, injury, property loss, or death, including without limitation the risks, dangers and hazards of the Trip discussed above, and agrees not to sue and to release from liability and indemnify

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YT, employees, agents, and other persons or entities involved with the Trip (collectively, the "Releasees"), from all actions, claims, demands, suits, losses, liabilities, charges, expenses (including, without limitation attorneys' fees), and costs of any nature whatsoever which may arise out of, relate to, or result from PARTICIPANT'S participation in the Trip, except such as may arise out of the gross negligence or intentional torts of the Releasees.

PARTICIPANT grants YT the absolute right to copyright, re-use, publish and republish by any medium, including electronically, any photos of PARTICIPANT or in which PARTICIPANT may be included, that may be taken while participating in any activity on the Trip.

ARBITRATION. PARTICIPANT agrees that any and all controversies, claims or disputes arising out of or relating to this Agreement shall be submitted to final and binding arbitration, to be held in Travis County, Texas in accordance with the procedures required under Texas and federal law, and shall be initiated and conducted according to the Arbitration Rules and Procedures implemented by the American Arbitration Association.

The terms of this Agreement shall serve as a release and assumption of risk binding on PARTICIPANT'S heirs, executor, administrator and all members of PARTICIPANT'S family, including any minors accompanying PARTICIPANT. This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Texas, without regard for its conflict of laws rules. In the event that any provision herein is unenforceable, the balance of this Agreement shall remain enforceable. This Agreement constitutes the entire agreement between the parties. No oral agreements or understandings not contained herein are binding on the parties. Any changes to this Agreement must be made in writing and signed by all parties, and any amendment must reference this Agreement and the intent to amend this Agreement.

[Signatures appear on the following page.]

I HAVE CAREFULLY READ THIS AGREEMENT. I UNDERSTAND IT IS A RELEASE OF LIABILITY AND REQUIRES ME TO INDEMNIFY THE RELEASEES. I FREELY AND VOLUNTARILY AGREE TO BE BOUND BY EACH AND EVERY PROVISION OF THIS AGREEMENT. IF I AM SIGNING ON BEHALF OF A MINOR, IN ADDITION TO THE ABOVE, I ALSO AGREE TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES FOR ANY CLAIMS OF THE MINOR. I AGREE TO BE RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED BY THE MINOR.

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PARTICIPANT'S NAME (Please Print)

SIGNATURE

DATED: _____, 2010

MINOR(S) ACCOMPANYING PARTICIPANT (if applicable)

PARENT/LEGAL GUARDIAN (Please Print)

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATED: _____, 2010

AGREED TO AND ACCEPTED BY YOGATREX, A TEXAS COMPANY

BY: _____

NAME: Jerry Kuhlman

TITLE: Program Manager, YogaTrex Teacher Training, Bali 2010

PLEASE EMAIL YOUR SIGNED AGREEMENT AND COMPLETE APPLICATION TO
JKUHLMAN@ME.COM , OR MAIL YOUR SIGNED AGREEMENT AND COMPLETE
APPLICATION TO:

Jerry Kuhlman
YogaTrex
6410 Five Acre Wood St.
Austin, TX 78746 USA

YogaTrex

RECOMMENDATION FORM – BALI RESIDENTIAL TRAINING

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga.

Applicant Information

Applicant's Name _____

Recommending Teacher Information

To the recommending Teacher:

The candidate above is applying for the YogaTrex 200-hour Viniyoga Teacher Training program which includes vigorous yoga asana practice.

Recommending Teacher's Name _____

Teacher's Phone Number _____

Teacher's Email _____

Is this student consistent in his/her practice? Yes No

1. Briefly describe how long and in what capacity have you known the applicant?

2. Briefly describe if you would recommend this applicant for the YogaTrex Viniyoga Teacher Training program? Why or why not?

3. Please indicate your overall endorsement of the applicant:

Highly Recommend Recommend Recommend with Reservations Do Not Recommend

Recommending Teacher's Signature _____

Date (M/D/YYYY): _____

Thank you for your input! Please complete the attached form and email to jkuhlman@me.com

or mail to:

Jerry Kuhlman
YogaTrex
6410 Five Acre Wood St.
Austin, TX 78746 USA