



BARRE TECH. TEACHER TRAINING

Application Instructions

Requirements

- Application
- \$100 non-refundable deposit
- Payment information & Program participation agreement
- Waiver of Liability

Deadline

To process your application, please send your completed application no later than 14 days prior to the start date.

You have three options for submitting your completed application to Yoga Source

1. E-mail:
attach your application to your email
subject line: "Barre Tech Teacher Training"
email: tia@yogarichmond.com
2. Mail:
Yoga Source, Attention: Tia Platte, Teacher Training Director
3122 W. Cary St. Ste. 220 Richmond, VA 23221
3. In Person:
Drop your application and deposit in an envelope at the front desk
Please write on the top of your envelope "Attention: Barre Tech Teacher Training"

If you have any questions about where to send your application, please call or email us.

e: info@yogarichmond.com
tel: 804-359-9642

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!

BARRE TECH. TEACHER TRAINING

Application

Name _____ Date _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Work/Cell phone _____

Email address _____

Occupation _____

Emergency Contact

Name _____ Phone _____

Relationship _____

ABOUT YOU

To better serve you, it is important that we have a general picture of your experience with barre fitness.

1. How long have you been practicing barre or other movement arts?

2. How many days per week do you practice?

3. What other modalities do you practice (i.e. yoga, dance, other)?

4. Is this your first barre training? yes / no

If no, please list prior trainings/certifications:

5. If you teach, for how long and what modality or style?

5. What area of teaching challenges you the most? *(please specify)*

6. What are your expectations for this training? What do you hope to achieve with the completion of the program?

APPRENTICESHIP *(circle one)*

OPTION A: BARRE TECH. CERTIFICATION

If you would like to be certified as a BARRE TECH. instructor, email: info@yogarichmond.com to schedule your 6 hour virtual BT mentorship with Amy Barnes by Nov. 1, 2018.

OPTION B: YS YOGA BARRE CERTIFICATION*

If you would like to be certified as a YS Yoga Barre Instructor and currently have a 200-hr yoga certification, confirm your attendance in YS Yoga Barre Apprenticeship with Tia Platte at Yoga Source by Nov. 1, 2018. Please provide a copy of your 200-hr certificate* with this application and confirm your participation via email: tia@yogarichmond.com.

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 include a second sheet if necessary.

1. How would you evaluate your current health? Excellent / Good / Fair / Some challenges
(briefly describe)

2. Do you have any injuries that may affect your ability to fully participate in the training? Yes / No
(briefly describe)

3. Please list any medical conditions that may affect your ability to fully participate in the training:
(briefly describe)

4. Have you had any surgeries in the last year? If the answer is yes, briefly describe:

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

Safety is very important to us at Yoga Source. At any time, the Trainer or Director may ask you to leave if you are not at the physical health level to fully and safely participate or if you are affecting the safety and learning of others.

LIABILITY RELEASE

Assumption of Risk, Health Warranty

Barre fitness is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of the program. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing any exercise.

I acknowledge that participation in the program naturally involves the risk of injury to me. I further acknowledge that specific risks include injuries resulting from over-exertion, physical adjustment, improper or negligent use of equipment, failure to follow instructions, or injuries resulting from participation in an inappropriate level of physical exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, have the necessary current medical approval to engage in physical exercise and training and have no disability, impairment, injury, disease or ailment which would cause risk of injury or adverse health consequences as a result of engaging in physical exercise and teacher training. I acknowledge that to the facility where I am taking my training and Yoga Source, LLC ("Yoga Source") are relying on this representation and I understand that neither to the facility where I am taking my training nor Yoga Source will investigate or certify my health or my fitness to participate in physical exercise and teacher training. **Please initial:** _____

Release and Waiver of Liability

In consideration for my participation in **BARRE TECH.** teacher training program, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless to the facility where I am taking my training and Yoga Source and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the "facilities") where the **BARRE TECH.** teacher training program occurs (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, any injury, economic loss or any damage to me or my guest or relatives resulting from my participation in physical exercise and training at the facilities, entry to or use of the equipment, facilities or services at the facilities, the negligence to the facility where I am taking my training or Yoga Source, anyone at the facility where I am taking my training or Yoga Source behalf or anyone using the facilities or Yoga Source equipment, facilities or services, except such as may arise out of the gross negligence or willful misconduct of the releasees.

This release and waiver of liability (this "release") is intended to be a complete release of any responsibility for personal injuries and/or property loss/damage sustained by me while at the facilities, whether using exercise equipment, participating in active or passive exercise, or not.

I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to the facility where I am taking my training and that if any portion of this release is held invalid, I agree that the balance of this release should continue in full force and effect. **Please initial:** _____

PAYMENT INFORMATION

\$100 non-refundable deposit is due with your application. Full payment is required no later than the start of the program.

____ **I am paying by check***. Please mail the check with your application to the appropriate address on the application instruction page. *Please include driver's license number, state and expiration date on the front of your check, payable to Yoga Source.

____ **I am paying by credit card:** Master card Visa American Express

Credit Card # _____ Exp. 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 first payment of \$ _____ **Date** _____ **Please initial:** _____

I hereby authorize the final payment of \$ _____ **Date** _____ **Please initial:** _____

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- I understand that if I fulfill all of the requirements of the **BARRE TECH.** teacher training hosted by Yoga Source, I will receive a certificate of completion from either **BARRE TECH.** or Yoga Source, which can be submitted to a prospective employer as evidence that I have completed this training in its entirety. For yoga instructors registered with the National Yoga Alliance, your certificate may be submitted as continuing education credits from a registered yoga school.
 - I understand that Yoga Source reserves the right to dismiss me from the program if I am conflict with Yoga Source training policies or if my behavior is inappropriate or unethical. Under such circumstances I understand my tuition will be forfeited.
 - I understand that Yoga Source reserves the right to dismiss me from the training if it appears that my health or physical practice are not at the level to fully participate in the program.
 - I understand that if I cancel WITHIN 14 days of the start of the program, tuition is non-refundable. Cancellations received more than 15 days prior to the start of the training receive a refund minus the non-refundable deposit.
 - On the rare occasion that the **BARRE TECH.** Teacher Training is cancelled, Yoga Source will refund you entirely. Yoga Source is not responsible for any travel costs that you incur to participate in the training. Once you begin the training, tuition is non-refundable and non-transferable.
 - I understand that all **BARRE TECH.** 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

Applicant [signature] _____

Applicant [print name] _____ Date _____

