



## TEACHER TRAINING APPLICATION

### Introduction

Thank you for your interest in the Hot 8 Yoga Teacher Training Program! Below you will find detailed instructions on how to apply. Please be aware that the Hot 8 Yoga Teacher Training program includes a vigorous practice with each session. We strongly recommend that applicants have at least one year of consistent practice in the area they intend to train in at Hot 8 Yoga.

### How to Apply

**To reserve a place in the training you must turn in your complete application, along with a \$500 deposit to the address listed below (\$300 for 4 week trainings).** Your payment must be made in full by the registration date. Enrollment is limited and we may accept last minute applications only if there is space in the program.

**Unlimited yoga is included** in your tuition for the duration of the training.

A complete application consists of the following four documents:

- Primary Application
- Payment & Program Participation Agreement
- Assumption of Risk, Health Warranty, Release and Waiver of Liability

**This page is instructional. DO NOT submit with your application.**

### How to Submit your Application

You can email or hand deliver your Teacher Training application to any location.

Hot 8 Yoga Sherman Oaks	818-995-0700
Hot 8 Yoga Beverly Hills	310-986-6420
Hot 8 Yoga Manhattan Beach	310-546-7700
Hot 8 Yoga Santa Monica	310-866-5280
Hot 8 Yoga Pasadena	626-463-0200
Hot 8 Yoga KoreaTown	213-674-7403



## Personal Information

Name	Today's Date	
	(MM/DD/YYYY)	
<hr/>		
Address Line1		
<hr/>		
Address Line2		
<hr/>		
	City	State
		Zip Code
<hr/>		
Home Phone	Work/Cell Phone	
<hr/>		
Email Address	Occupation	
<hr/>		

**Emergency Contact:**

<hr/>		
Name	Phone	Relationship
<hr/>		

- Check here if you are currently on a monthly auto renew and need it to be placed on hold for the duration of your unlimited yoga pass
  
- Check this box if you are taking this teacher training program mainly to deepen your practice and do not plan to seek employment in the field of yoga

## Referral

**Did someone refer you?** If so, we would like to thank them! Please list their name below or attach referral card to the upper right hand corner of this application.

**I was referred by:**

---

My Teacher    My Friend    **Other:**

---

**If not referred, how did you hear about the Hot 8 Yoga Teacher Training?**

Hot 8 Yoga in studio signage

Google Search

Hot 8 Yoga Email

Yoga Journal Advertisement

Hot 8 Yoga postcards in the community

**Where?**

---

Other.    Can you please share with us

**Where?**

---



## Training Information

Start date of training you are applying for (MM/DD/YYYY):

---

**Program Format:**

**Location:**

- 300 Hour Teacher Training
- 200 Hour Hot 8 Training
- 200 Hour Hot Power Fusion Training
- 4 Week Yoga Barre Training
- 4 Week Sculpt Training
- 4 Week Vibe Training
- 4 Week Yin Training

## 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. Based on your specific history we may schedule a follow-up interview before accepting you into the program. Please note that safety is very important to us and that at any time your trainer(s) may ask you to leave if you are not at the physical and/or health level to fully and safely participate, or if you are affecting the safety and learning of others.

**1. How would you evaluate your current health?**

Excellent

Good

Fair

Some challenges (Briefly describe)

---

**2. Please let us know if you have any injuries that may affect your ability to fully participate in the training.**

---

**3. Please list any medical conditions that may affect your ability to fully participate in the training.**

---

**4. Have you had any surgeries in the last year? If the answer is yes, please explain.**

---

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

---

## About You

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

<b>1</b>	<b>How long have you been practicing yoga/barre?</b>		
<b>2</b>	<b>How many days per week do you practice yoga/barre?</b>		
<b>3</b>	<b>What style of yoga do you usually practice?</b>		
<b>4</b>	<b>At which yoga studios do you currently practice?</b>		
<b>5</b>	<b>Who have been your primary teachers, past &amp; present?</b>		
<b>6</b>	<b>Do you have a home practice?</b>	<b>Yes</b>	<b>No</b>
<b>7</b>	<b>Do you practice meditation and/or pranayama?</b>	<b>Yes</b>	<b>No</b>
<b>8</b>	<b>Do you practice inversions?</b>	<b>Yes</b>	<b>No</b>
<b>9</b>	<b>Do you practice Surya Namaskar (Sun Salutation) A &amp; B?</b>	<b>Yes</b>	<b>No</b>
<b>10</b>	<b>Do you practice chaturanga?</b>	<b>Yes</b>	<b>No</b>
<b>11</b>	<b>Is this your first yoga teacher training?</b>	<b>Yes</b>	<b>No</b>
	<b>If no, please specify:</b>		

12 Are you currently teaching Yes No

If yes, how many years & where?

---

13 What areas of yoga challenge you the most (please specify)?

14 Why do you want to take a Hot 8 Yoga Teacher Training program?

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



## TEACHER TRAINING APPLICATION

### Hot 8 Yoga Model Release

In consideration of my engagement as a model, upon the terms herewith stated, I hereby grant to Hot 8 Yoga and its legal representatives and assigns, those for whom Hot 8 Yoga is acting, and those acting with its authority and permission:

- a) the absolute right and permission to copyright and use, re-use, publish, and republish photographic portraits and/or pictures of me or any photographic portraits or pictures in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith.
- b) I hereby wave any right that I may have to examine or approve the finished product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- c) I hereby release, discharge and agree to save harmless Hot 8 Yoga, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom they are acting, from any liability or claims of any kind that may occur or be produced in the taking of such photographic portraits and/or picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- d) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement prior to its execution and I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

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

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_





TEACHER TRAINING APPLICATION

Payment Information

\$500 non-refundable deposit is due with your application (\$300 non-refundable deposit for all module trainings). Full payment is required no later than the start of the program. Your payment is due in full by the registration date, to activate your unlimited yoga series (if applicable).

I am paying by check.

Please hand deliver the check with your application to the appropriate address on the first page of this application.

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

If no, provide your billing address

City State Zip Code

I hereby authorize a payment of \$ Please Initial:

## Program Participant Agreement

I understand that if I am paid in full and fulfill all the requirements of the Hot 8 Yoga Teacher Training, including in-class hours, homework, quizzes and passing both the written and in-class final exams, 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 (if applicable to the training you are taking). Paying for the program and completing the hours alone does not mean I will pass the program.

I understand that Hot 8 Yoga reserves the right to ask me to leave the program if I am found plagiarizing, if my behavior is disruptive, inappropriate, negatively impacting other students learning, unethical or violates the Yoga Alliance ethical guidelines. Under such circumstances I understand I will not be refunded my tuition.

I understand that Hot 8 Yoga reserves the right at any time to ask me to leave the training if it appears that my health or physical practice are not at the level to fully participate in the training. Under such circumstances I understand I will be given a prorated refund, based on the amount of time I have attended in the training.

I understand that if I miss over 30 hours I will receive a non-passing status and will be asked to leave the training. Under such circumstances I understand I will be given the opportunity to retake the program at a discounted rate, subject to availability.

I understand that if I am habitually tardy I will not receive credit for the days I am tardy. If I am 15 minutes late more than twice, the third time I will be asked to leave and will be required to make up the day according to the makeup policy. If I leave 15 minutes early more than twice, the third time I will be asked to leave and required to make up the day according to the makeup policy.

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 I will be refunded my remaining balance. If I cancel within 14 days before 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 Hot 8 Yoga 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    **Please Initial:**

## **Assumption of risk, health warranty, Release and waiver of liability**

Yoga is an individual experience and I understand that I should progress at my own pace while participating in the physically active portions of the Hot 8 Yoga' Teacher Training Program. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing Yoga or any other exercise.

I acknowledge that participation in the Hot 8 Yoga' Teacher Training 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 trainer 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 yoga instructional classes and teacher 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 yoga instructional classes and teacher training. I acknowledge that the facility where I am taking my training and Hot 8 Yoga, LLC ("Hot 8 Yoga") are relying on this representation and I understand that neither to the facility where I am taking my training nor Hot 8 Yoga will investigate or certify my health or my fitness to participate in physical exercise and yoga instructional classes and teacher training.

**RELEASE AND WAIVER OF LIABILITY:** In consideration for my participation in Hot 8 Yoga' 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 Hot 8 Yoga and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the "Facilities") where the 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 yoga instructional classes and teacher training at the Facilities, entry to or use of the equipment, facilities or services at the Facilities, the negligence of to the facility where I am taking my training or Hot 8 Yoga, anyone at to the facility where I am taking my training or Hot 8 Yoga' behalf or anyone using the Facilities or Hot 8 Yoga' equipment, facilities or services, except such as may arise out of the gross negligence or willful misconduct of the Releasees.



### TEACHER TRAINING APPLICATION

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.

Dated: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name