



MEDITATION TEACHER TRAINING PROGRAM APPLICATION FORM

Thank you for your interest in the Inner Alchemy Meditation Teacher Training Program . We hope you will join us for this unique and life-changing experience. **APPLICATION DEADLINE : Dec 20th.**

Take some time to consider and answer the application questions listed below. All applicants are required to agree to the waiver of liability terms in order to submit their application and be accepted into the program.

You must complete all of the fields in order for your submission to be considered. Along with your application a deposit of \$200 is required. Your deposit is NOT included in the tuition of the program but goes to provide you learning materials over the course of the program.

Your full payment for the first year (\$3000 + tax) OR first installment (\$1500 + tax) is due on January 1st. Please make checks payable to Aparna Levine .You can drop your application at the studio or mail it in along with your deposit to :

YOGASAAR

Attn : Business manager 2205 Silver ave SE

Albuquerque, NM 87106

Please tell us a little bit about yourself :

1.What specifically brings you to wanting to teach meditation?

2. What are your motivations to teach meditation?

3. What is your current relationship to meditation?

4. How long have you been practicing and in what tradition or lineage?

5.On a typical week what does your practice consist of?

6.Are you currently teaching or have taught in the past and if so where and for how long?

7.What is it you would most like to gain from this training?

8. What do you consider as your strengths and weaknesses that you would bring to the program?

9. How do you currently handle relationship and inter-personal issues?

10. Tell us briefly about one challenge or struggle in life that you had to overcome and how you did it.

11. Have you ever struggled with addiction of any kind - substance or process? If so, please tell us briefly about it.

12. How would you currently rate your emotional intelligence on a scale of 1-10, with 10 being the highest.

13. How would you currently rate your self awareness - body, emotions, thoughts etc, on a scale of 1-10, with 10 being the highest.

14. How would you currently rate your interpersonal skills on a scale of 1-10, with 10 being the highest.

15. Tell us briefly about one thing that you don't like about yourself. Something that you often find criticize yourself over.

16. Are there any health related conditions you have that we should know about? For example: high blood pressure, diabetes, anxiety, depression, and physical injuries, medications, etc.

17. Is there anything else you would like to tell us?

18. How did you hear about us?

19. Name as you would like it to appear on your certificate :

20. Age and date of Birth:

21. Email:

22. Phone Number:

23. Emergency contact -

Name :

Relationship :

Phone:

All participants in our Meditation Training programs are required to agree to the following waiver of liability in order to participate in the program.

Release and Waiver of Liability:

1. I warrant that I am over 18 years of age, in good health, and have no physical or mental condition that would prevent me or render it inadvisable for me to participate in the training program, mentor sessions, intensives and Immersions of the program.
2. In consideration of receiving permission to participate in this program, I, for myself and for my personal representatives, heirs and next of kin, hereby agree to release and discharge from any liability whatsoever, and waive any and all claims I may have against any person or entity involved with this program in any manner, including but not limited to Yogasaar, Inner Alchemy, Aparna Levine, and each of their agents, employees, students and representatives, as a result of any injury or damage, including death, sustained by me or to my property while participating in this program, whether caused by the negligence of any of the above named parties or others, and whether foreseen or unforeseen.
3. I hereby expressly assume all risks associated with participation in this program, including the risk of injury or damage resulting from any of the exercises and practices.
4. I further agree to indemnify and hold harmless any of the above named parties from any claim by or against me arising out of my participation in this program, including all of their attorney's fees and costs.
5. I understand that the instruction and advice presented in this program is not intended as a substitute for medical advice and counseling, and that one should consult a physician or therapist prior to the start of any new practices. I consent to and permit emergency treatment, medical or other wise, in the event of injury or illness. I further

release all persons associated with this program in any manner from any claim whatsoever on account of treatment or service rendered to me during this program.

6. I understand that the programs are structured with the best intentions toward helping me go deeper into the study of meditation or to become a successful meditation teacher, and extensive consideration has been put into the schedule and methodology presented. I commit to do my best to participate according to the course structure. If I have specific personal needs or otherwise, I will discuss them with the program director.

7. I accept responsibility for all aspects of my behavior during this program. I also accept responsibility for managing my time, diet, and personal relationships in ways which support my full participation and attendance in the programs.

11. In order to create a supportive environment and honor my fellow students, I assume responsibility for maintaining an attitude of respect toward my colleagues in the course. If any interpersonal difficulties or conflicts arise, I pledge to seek the advice of the program director and mentor.

12. While the program does not teach any one religion, however it does offer spiritual teachings, outside the parameters of any one specific religion. The study of meditation or mindfulness philosophy could raise issues that are metaphysical in nature, concepts and theories that may challenge my personal belief system. I agree to keep an open mind, and to exercise common sense, discernment, and a balanced mature attitude in order to fully appreciate the teachings offered.

13. I understand that Inner Alchemy teachers are always available to me for guidance, troubleshooting, recommendations, suggestions and council. I take full responsibility for communicating with the teachers.

14. I understand that if accepted into the program my deposit becomes non-refundable. I also understand that if I decide to for any reason to drop out of the program at any time or for any reason am not able to complete the program my tuition is non-refundable. (Students who are not able to complete the required hours for certification have ONLY one year to make up the hours and fulfill their payment obligations in order to get certified. If they are not able to make up hours within a year they will be required to take the full program again for certification.)

15. I understand that if I am on the payment plan I need to pay my tuition by the deadline specified in order to continue my studies in the program. I also understand that if I am not able to make payments in time I will not be allowed to continue in the program.

16. I understand that in order to receive the certificate of completion I must meet the requirements of the program as listed :

- satisfy all my financial obligations to Inner Alchemy and Aparna Levine
- meet the minimum required contact hrs per year in the program. Note : If you miss contact hours (allowed only a maximum of 15hrs per year), please discuss with the program director opportunities for make-up contact time.
- successfully complete all homework and assignments (written, practical or teaching) in the required time
- give dharma talks and lead meditation classes, as required by the given teaching assignments, that I have designed & created
- complete all required work by the last day of class

I fully understand that I will not receive my certificate of completion unless I have met the above requirements.

_____ I agree to the terms of the waiver of liability and to the terms of the program.

I hereby certify that the above information is correct to the best of my knowledge.

Name : _____

Date : _____

Signature : _____