



TSM TEACHER TRAINING PROGRAM APPLICATION FORM

Thank you for your interest in the Yogasaar TSM Meditation Teacher Training program. This packet contains detailed information about the application form and payment. We're very glad to have you with us for this training, and honor your choice to learn about trauma-sensitive modifications that you can bring to your students and clients through mindfulness. **APPLICATION DEADLINE : May1st**

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 \$400 is required for the TSM training. 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 fill out the accompanying application form , and send it with your deposit. We will contact you as soon as we review your application.

Blessings to you.

Consider the Following Questions:

Please help us know a little bit more about you and what you would like from our TSM training :

1. Have you practiced mindfulness before? Please list any prior experiences.
2. Have you practiced yoga before? Please list any prior experiences.
3. What is your current understanding of the word 'Trauma'?
4. What brings you to this training? What do you hope to get out of this course/experience? What are your expectations?
5. Are you currently teaching meditation and if so where and for how long?
6. What current stressors are you facing?
7. What are your strengths and weaknesses that you would bring to the program?

8.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.

9.Is there anything else you would like to tell us about yourself?

10. How did you hear about us?

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

12. Age and date of Birth:

13.Email:

14.Phone Number:

15. Emergency contact -

Name :

Relationship :

Phone:

All participants in Yogasaar Teacher Trainings 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 in any of the teacher training programs.

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, 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 understand that not all exercises or practices are suitable for everyone and that participation in the suggested exercises and practices is optional. With this knowledge, I hereby expressly assume all risks associated with participation in this program, including the risk of injury or damage resulting from performing any of these 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/therapist prior to the start of any new exercises or 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 yoga/mindfulness/meditation or to become a successful 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, regarding the material or otherwise, I will discuss them with the program director.

7. I accept responsibility for all aspects of my behavior during this program.

8. Adherence to punctuality is one of the primary factors and requirements in the success of the programs. I accept responsibility for being on time to all program sessions.

9. There will be many opportunities for practice, study, and other activities at the programs. I accept responsibility for managing my time, diet, and personal relationships in ways which support my full participation and attendance in the programs.

10. I agree to maintain a healthy level of cleanliness for the program, yoga practice and to honor my fellow yogis.

11. Yogasaar students come from a variety of countries and backgrounds. In order to create a supportive environment, 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 or the teachers.

12. Yogasaar does not teach any one religion, however it does offer spiritual teachings, outside the parameters of any one specific religion. The study of yogic/meditation philosophy raises 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 Yogasaar 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.

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. To meet the teacher training standards and complete the program I understand that I must :

- satisfy all my financial obligations to Yogasaar and Aparna Levine
- meet the minimum required contact hrs in the program.
- record my hrs of attendance for the different parts of the program
- keep track of my 'non-contact' hrs, i.e. hrs not in class or session with the faculty
- successfully complete all homework and assignments in the required time
- give a final exam, 30 mins True/False questionnaire
- turn in to Yogasaar a portfolio of all my work completed in the program (sample of homework, all assignments, hours of non-contact work)
- 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 : _____

Thank you again for your commitment to trauma-sensitive work. If you have any questions at all, please don't hesitate to reach out to us at :

aparna@livingyouryoga.org