



Laura Humphreys Yoga Teacher Training Student Information, Application & Release Form

Personal Details	
Full Name:	
Address:	
Ph. Number:	D.O.B:
Gender: Male / Female	Occupation:
Email:	
Social media: FB/ Instagram, I'd love to connect :	
How did you hear about us/this training course:	
Friend (please let us know who so we can say thank you :)	
Emergency Contact	
Name	
Ph. Number:	
Relationship:	

Medical History
Do you currently have any injuries: Y / N
Details
Have you had any major injuries, illnesses or surgeries: Y / N
Details:

Are you pregnant: Y / N If yes, what is your due date:

Do you, or have you ever suffered from any medical conditions, which may affect your ability to exercise or participate in this course?

What course/workshop are you hoping to enrol on?

How long have you been practising yoga?

How often do you practice yoga per week?

What styles do you regularly practice? i.e. Vinyasa, Iyengar, Ashtanga, Yin. etc?

Do you have an existing meditation practice? If yes please elaborate (daily/weekly/how long/style etc)

Who is / are your teacher(s)?

Which yoga school do you attend?

How long have you studied with your current teacher(s)?

Whom do you consider to be your greatest mentors? Why?

Do you participate in any other fitness? Y / N (Please describe)

What are your present challenges in your yoga practice?

Please list any previous yoga trainings, workshops you have attended.

Please list any other training or experience that you think may be relevant.

Why are you interested in this Teacher Training?

What do you hope to learn, explore or work on during this course?

This Course will run for 9 weekends can you commit to the attendance required? Y/N

Your investment

Please note A \$500 (non-refundable or transferrable) deposit is required at the time of registration to secure your place on the course.

50% of the course fee must be paid 4 weeks prior to course commencement with the remaining balance due no later than 1 week prior to the start date of the course.

Placement is subject to forfeit if tuition fee is not received 1 Week prior to commencement.

Payment Plan Terms

Please note A \$500 (non-refundable or transferrable) deposit is required at the time of registration to secure your place on the course

I _____ commit to Fortnightly payments of _____
starting _____ and last payment will be received and full balance
paid by _____

Payment Plan includes \$100 Admin fee.

Payment

Full Fees (prices available at www.Laurahumphreys.com) are due 1 week prior to the start date of course.

No booking will be accepted without a minimum deposit of \$500.

Options

Direct Bank transfer

Laura Humphreys - Commonwealth

Acct: 10529538 BSB: 064-483

EFTPOS / Credit Card - All Card payments incur a 2.2% surcharge on every transaction.

Refund Policy

All refunds will be offered at Laura Humphreys/Spirit of Sadhana's discretion, except where covered by law.

- Refunds will be considered if at least 1 month notice is given prior to start date, the balance less the deposit of \$500 + \$50 refund fee, will be refunded.
- No refunds will be offered if students decide to cancel or withdraw from the course with less than 4 weeks prior to course commencement.

- No refunds or reductions to payment plans will be offered if students decide to cancel or withdraw from the course after commencement
- No refunds or reductions to payment plans will be offered if students are excluded from the class or course due to OH&S, violations of Laura Humphreys/Spirit of Sadhana's Code of Conduct or any unethical and/or illegal conduct.
- Please be sure to advise the instructor before commencing each class should any of the above information change. It is always recommended to consult a doctor before beginning any new form of physical activity.

Release and Indemnity to the Recreation Activity Provider

IN CONSIDERATION of SPIRIT OF SADHANA YOGA TEACHER TRAINING/ LAURA HUMPHREYS ("the recreation activity provider") agreeing to provide me with instructional in the practice of Yoga and/or Pilates (and to extent that the same is not precluded by statute) I ACKNOWLEDGE AND AGREE TO RELEASE AND INDEMNIFY the Recreation Activity Provider as follows:

I participate in the activity at my own risk and responsibility.

I release, indemnity and hold harmless the Recreation Provider, its servants, agents and officers from and against all actions or claims that might otherwise be made by me or on my behalf by other parties in respect of or occurring from injury, loss, damage or death caused to me or any injury, loss or damage caused to my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from breach of an express or implied warranty that the Recreational services or activity will be rendered with reasonable care or skill.

In the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Recreational Activity Provider in respect of the injury or damage.

By signing this document I acknowledge that I have read and understood all content and know that it affects my legal rights.

Signature:

Date:
