

# 40 Hour Eashoa Yoga® Immersion Application

Please print out and mail with your deposit

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

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

Occupation\_\_\_\_\_

Contact in case of Emergency\_\_\_\_\_

\*\*\*If you are new to yoga, please skip questions # 1, -3 and continue with questions 4-13

1.How long have you been practicing yoga?

2.What does your yoga practice consist of? For example, weekly classes, daily practice, yoga videos.

3. Do you currently teach yoga? In what tradition?

4.Why do you want to pursue this program? What are your needs and goals for this program?

5. What is most important to you in your spiritual journey? What are you seeking to learn in fusing Christian faith with yoga practice?

6. This program requires an open mind and heart. Are you willing to be a beginner?

7. This program includes a piece on energy healing, including the laying on of hands and prayer. Full participation in this aspect of the training is required for completion of this certification.

If you are comfortable with this aspect of the certification, please check \_\_\_YES or \_\_\_NO.

If no, please call me to discuss this vital part of the training, and any reservations you might have.

8. The message of Christ includes the notion that all and everything is included. This means that this program is open to all spiritual traditions and aspects of faith. The training does not require a faith in God, but does require the student to suspend judgment for the days of the training in order to be fully present and fully supportive of each person's spiritual expression and tradition. Do you agree to suspend judgment for the duration of the training so that all may feel supported and welcomed?

9. What does yoga mean to you? What does it mean, for you, to bring the gift of yoga to students?

10. Are there any medical, mental or emotional conditions I should be aware of? Are you on any medication? If so, please specify.

11. Serious illnesses, surgery, procedures within the last five years

12. Pregnancy \_\_\_\_\_Number of months at time of program

13. Is there any thing else you would like to add or tell me about?

**COLOR ME YOGA ENTERPRISES, LLC**  
Declaration of Disclosure and Acceptance of Terms

ASSUMPTION OF RISK AGREEMENT AND RELEASE

**READ CAREFULLY BEFORE SIGNING**

I hereby assume all responsibility and all risk of damage or injury that may occur to me as a student of or participant in yoga classes, instruction, or exercises given by Color Me Yoga® Enterprises, LLC (“Color Me Yoga®”) This release shall apply whether I am attending classes, participating in exercises, using yoga equipment or facilities, or following any Color Me Yoga® and/or Eashoa Yoga® course instructions in or out of a Color Me Yoga® studio or any other location. In consideration of being accepted as a student or participant in Color Me Yoga® and/or Eashoa Yoga® programs or classes, I release and discharge Color Me Yoga® and/or Eashoa Yoga® and all of their agents, owners, employees, and associated studios, from all claims, demands, rights or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from or arising out of, or incident to, my participation in, use of, or intended use of yoga instruction, facilities and equipment, or as a result of, or incident to, engaging in any yoga course exercises or instruction.

Awareness is fundamental to the practice of Yoga. As a student, it is solely your responsibility to monitor each activity offered and determine whether it is appropriate to participate. You remain primarily responsible for your safety and well-being.

I have enrolled in a teacher training program of physical activity, including but not limited to various yoga , meditation, breathing and dance exercises offered by Color Me Yoga ® Enterprises LLC

I release Color Me Yoga ® Enterprises LLC from any liability now , or in future for injury, however caused, occurring during or after my participation in this program.

I agree to practice yoga at least once/week for the next six months from the date of my certification.

I agree that the information contained in my written manual, given to me during this training is copyrighted information and as such is not to be copied without express written instruction of Marsha T Metzger.

I also agree, as a representative of Eashoa Yoga®, that my intention is to treat students with the highest amount of care ,respect and love. As such, I agree, when bringing this gift of yoga to students to practice

the yamas ( moral restraints) as listed herein:

Ahimsa: Non-violence ; Satya : Truthfulness: Asteya : Non-Stealing; Brahmacharya : Moderation; Aparigraha : Non-Possessiveness.

I have read and understand and sign the above assumption of risk agreement and release on the date and year indicated.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name Printed \_\_\_\_\_

Namaste

\*Please make all payments to :

**Eashoa Yoga®**

**PO Box 418**

**Wenham, MA 01984**

\*\*\*\* Please include 50% deposit with your application, which is non-refundable if you cancel one week before the training date; however credit will be given to next immersion class.

Fee for Eashoa Yoga® Immersion is **\$800**. Includes 8 CD Eashoa Yoga® Set. Room and board is separate. Fee includes workshop and all course materials. 100% attendance is required. Please address any questions or concerns before the training dates.

These 40 hours can be used as hours towards Eashoa Yoga® 200 hour School.