



Welcome Letter

Yoga Teacher Training Course: September 2011

May 20th, 2011

Dear Student,

Thank you for your interest in our 200 Hour Yoga Teacher Training Course, certified by the Yoga Alliance. The Yoga Teacher Training Course brings together the best of ancient world yoga lineage and modern world applications. The training will teach you how a core set of postures and variations in both the Sivananda and Ashtanga lineages.

During this journey, you will challenge yourself physically, spiritually, and intellectually. You will learn the four paths of yoga, what they really mean, and how you can bring them not only into the classes you teach, but also into your own practice. Upon successful completion of the program, students may apply to be recognized by the Yoga Alliance

Important Dates:

- Required Documents & Non-refundable Deposit Due: August 7th, 2011
- Course Start Date: Wednesday September 7th, 2011
- Classes will meet Mondays, Wednesdays, Saturdays, & Sundays between 9/7 - 12/4/2011
 - o Mondays 6pm - 8:30pm
 - o Wednesdays 6pm - 8:30pm
 - o Saturdays 12:30pm - 5:00pm
 - o Sundays 8am - 4pm
- Course End Date: Sunday December 4th, 2011

Enclosed you will find the following Required Documents:

- Application for Enrollment
- Financial Agreement
- Ethical Practices Agreement
- Agreement of Release and Waiver of Liability

To start you on your journey, we suggest the following books:

- Bliss Divine – Swami Sivananda
- Autobiography of a Yogi – Paramahansa Yogananda

All required documents and initial non-refundable deposit must be received by August 7th, 2011. We are glad you are joining us on this journey, and look forward to growing with you. Please don't hesitate to contact us with questions.

Namaste,

Timothy Suh, L. Ac., E-RYT500
Founder & Clinic Director



Application for Enrollment

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Yoga Teacher Training Course: September 2011

Personal Information

Name _____
Address _____
Home Phone _____ Cell Phone _____
Email _____
Emergency Contact _____
Phone _____ Relation _____

Why are you interested in taking this course and becoming a yoga teacher? _____

How long have you been practicing yoga? _____
What styles? _____

Health information

List any surgery, injury, medical issues or health related conditions you currently have or have had in the past ten years that may interfere with your ability to practice or teach yoga or participate in this Yoga Teacher Training Course (e.g., high blood pressure, diabetes, medications, communicable diseases, etc.): _____

Do you have or have you had any history of heart problems, e.g., hypertension, heart disease, heart attack? _____
Do you have or have you had any history of psychological issues, e.g. depression, anxiety, etc.? _____

Are you pregnant, currently trying to get pregnant, or post-natal? _____
Are you in recovery from a drug/alcohol addiction and if so, how long? _____

Do you have any chronic physical limitations or disabilities? If yes, explain: _____
What types of exercise or physical activities do you participate in and how often? _____
Do you have any medical conditions that might prevent you from participating in the Yoga Teacher Training? If so, explain: _____

Attendance and Certification

Students must attend all courses in order to be eligible to receive certification. Students may be dismissed at the discretion of AHG if they are (a) repeatedly tardy or absent; (b) chronically disrupt courses; (c) fail to fulfill class assignments. The student will receive at least two written warning notices from AHG or the instructor prior to dismissal. No refund is available for dismissed students.

AHG and its instructors reserve the right to withhold certification from any individual they reasonably feel is not ready to teach. AHG or its instructor will provide notification to any student to whom this applies prior to completion of the Course. AHG and the instructors will provide ongoing support to such student and give them opportunity to improve their teaching and achieve certification when ready. Certificates will be issued no later than 4 weeks after full completion of the Courses.



Application for Enrollment

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Name: _____

Full Disclosure and Acceptance of Terms

Alternative Health Group LLC must be able to rely on the accuracy and completeness of the information you provide. Information provided is treated as confidential and disclosed only to those with a legitimate need to know in administering or delivering the Training Course. All applicants are required to fully and truthfully answer all questions.

By signing below, I agree and affirm the information provided in this application is to the best of my knowledge, true and complete. I understand that providing inaccurate, incomplete or misleading information will be grounds for rejection of my application, being asked to leave the Yoga Teacher Training Course before completion, or revocation of my certification after completion of the Course.

If I understand and agree that my failure to attend all courses and meet the criteria of the Yoga Teacher Training Course at Alternative Health Group LLC will result in my not being certified.

Signature

Date

Number: _____ Exp. _____

CVV _____ 1834 W. NORTH AVE #1

Name on Card: _____



ALTERNATIVE
HEALTH GROUP LLC

CHICAGO, IL 60622

p 773.227.9150

f 773.227.9160

Financial Agreement

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Yoga Teacher Training Course: September 2011

Name: _____

Total Course Tuition (non-refundable): \$2,750.00; \$2,850.00 on Payment Plan

Initial Deposit (non-refundable): \$750.00; due with Required Documents before August 7th, 2011. This Initial Deposit will be credited toward your Total Course Tuition.

Remainder of payments must be paid in full before the final meeting date; a Payment Plan can be arranged upon request. However, the Certificate of Completion will be withheld until all payments are received.

Books on the suggested reading list, outside yoga classes, meals, travel, materials and other costs and expenses associated with participation in and completion of this Course are the sole responsibility of the student and are not included in the Course Tuition.

If paying on a Payment Plan, I hereby give Alternative Health Group LLC authorization to charge my credit card \$525.00 at the commencement of the Yoga Teacher Training Course and every four weeks thereafter until the total amount of tuition is paid in full, unless I pay by an alternate method acceptable to Alternative Health Group LLC. I understand and agree that I am responsible for payment to Alternative Health Group LLC of the full amount of tuition, regardless of whether I complete the Yoga Teacher Training course. I understand and agreement my credit card will be charged \$525.00 on the following dates, and I agree to sign any and all receipts or other documentation authorizing such payments: September 7th, 2011; October 1st, 2011; November 1st, 2011; and December 1st, 2011.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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By signing below, I understand and agree I am responsible for paying the full amount of tuition to Alternative Health Group LLC for this Yoga Teacher Training Course before the final meeting date. If I discontinue attendance at any time and for any reason or no reason, I understand and agree I will not receive a refund or credit of any kind whatsoever.

Signature

Date



Ethical Practices Agreement

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As I enter this Training Course to learn to instruct yoga, I will remember the following items and hold them true to my being throughout my entire journey as a Yoga Instructor:

Yoga Philosophy:

1. Each person will find their own truth in religion. The aim of yoga is to find truth.
2. A yoga teacher cannot convince nor force this discovery on their students; thus does not attempt to prove or argue during a yoga class.
3. A yoga teacher uses their personal experience to help the enlightenment of their students.

Yoga Practice:

1. To be self-motivated in my learning of all the branches, lifestyle, and points of yoga.
2. To be dedicated to my studies and to the pursuit of the yoga lifestyle.

Ethical Teaching and Professional Conduct:

1. To be truthful and honest in my dealings with other students, teachers, and myself.
2. To be humble and self-respecting, and to treat other students with the highest respect for their personal values and beliefs.
3. To show gratitude for the opportunity to learn and to be taught this path.
4. To be responsible and timely for the classes I choose to teach.
5. I will remember that sexual harassment is not to be tolerated at any point and should be addressed immediately.

By signing below, I agree to uphold and honor these values in my yoga practice as a lifelong student of the principles of yoga.

Signature

Date



Agreement of Release and Waiver of Liability

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I, _____, hereby agree to the following:

1. That I am participating in the Yoga Teacher Training Course (“Training”) offered by Alternative Health Group LLC (“AHG”) and held at AHG in Chicago, Illinois during which I will receive information and instruction about Yoga and health.

2. I understand participation in the Training will include, but not be limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures (“Activities”). I understand yoga postures are designed to exercise every part of the body – stretching and toning the muscles and joints, the spine and skeletal system; work on the internal organs, glands and nerves; and incorporates sustained stretching to strengthen muscles and increase flexibility.

3. I understand not all yoga exercises or practices are suitable for everyone, and there are serious inherent risks with all physical activity. Further, I understand that when practicing Yoga, exercise routines, or engaging in any similar strenuous Activities, I may suffer minor or serious injury or even death.

4. I understand and agree it is my responsibility to consult with a physician prior to and regarding my participation in the Training. I represent and warrant I am physically fit and I have no medical condition which would prevent my participation in any Activity during the Training. I understand and agree it is my responsibility to ascertain whether I am capable of participating in any such Activity, and I will continue to keep AHG fully informed of any physical or other condition or disability which would prevent or limit my participation in any Activity whatsoever.

5. In consideration of being permitted to participate in any activity during the Training, with the knowledge that any of these Activities can result in injury or death, I HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS ASSOCIATED WITH PARTICIPATION IN THE TRAINING, INCLUDING THE RISK OF INJURY, DEATH OR DAMAGE RESULTING FROM PERFORMING ANY OF THESE ACTIVITIES.

6. In consideration of being permitted to participate in the Training, I, for myself and for my personal representatives, heirs and next of kin, hereby agree to indemnify and hold harmless AHG, Timothy Suh, the owner or leaseholder of the building and space where Training will be held, and their respective directors, officers, employees, owners, and agents and assigns from and against any and all claims, losses, injuries, damages, costs, expenses (including reasonable attorneys’ fees) or liability arising out of or related to my participation in the Training, whether caused by the negligence of any of the aforementioned parties or others, and whether foreseen or unforeseen. I understand and agree this waiver shall be binding on me, my heirs, spouse, children, personal representatives, successors and assigns.

7. PHOTO WAIVER. By being permitted to participate in the Training, I give permission for my photograph to be used by AHG or Timothy Suh for media purposes. I waive any claim and right to inspect the photographs and any advertising or promotional copy that may be used in connection therewith.

____ (initial) I have read the above release and waiver of liability and fully understand its contents.

____ (initial) I voluntarily agree to the terms and conditions stated above.

My signature is binding to this liability waiver from this day forth.

Signature

Date