



SKY AERIAL YOGA TEACHER TRAINING - 40 Hr Program

Teacher Training Dates: August 12th – 14th
Times: 10:00 am – 6:00 pm

Full Name: _____ Date: _____
First Last

Address: _____

Street Address: _____ Apartment#: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____
Name Relationship

Phone: _____

Yoga Certification: _____

Other Qualifying Certifications: _____

Tuition for the 40-hour program is \$999. A \$400 deposit is required within 7 days before start date. The remaining balance is due before start date. Flexible payment options are considered, please email Urbanvybestudios@gmail.com for consideration.

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN GET TO KNOW YOU BETTER. USE THE BACK OF THIS PAGE IF

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE CAN GET TO KNOW YOU BETTER. USE THE BACK OF THIS PAGE IF NECESSARY.

1. How did you hear about Urban Vybe's Sky Aerial Yoga Teacher Training Program?

2. Are you a certified Yoga Instructor? If so, where and style (if applicable)?

3. What is your teaching experience in yoga or in any discipline, related or unrelated to yoga?

4. List any limitations that affect your practice, physical or otherwise:

5. What are your desires or goals for the training?

6. Anything else you feel is important for us to know?

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 Urban Vybe Sky Aerial Yoga 40-hour Teacher Training program.

2. I 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 Urban Vybe, JoDene Stokes, Kevin Stokes, Stacy Wise, and/or any representative, teacher, employee of Urban Vybe, 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 aerial yoga exercises or practices are suitable for everyone and that participation in the suggested exercises and practices may result in injury. With the knowledge that any of these exercises and practices can result in injury, 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

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 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 all materials included in the Urban Vybe Sky Aerial Yoga Teacher Training program, written, electronic are not to be copied, reproduced or distributed by any means without written permission of JoDene Stokes, Kevin Stokes, Stacy Wise, and any other representative of Urban Vybe, and the Urban Vybe Sky Aerial Yoga program.

7. ELIGIBILITY FOR APPLICATION Applicants must have a 200 hour yoga instructor certification (RYT), Personal Training certification (CPT), Massage Therapist certification (RMT), or Physical Therapist certification (PT). Applicants must have completed a minimum of 10 aerial yoga classes at Urban Vybe prior to the teacher training program start date. Applicants must be prepared to complete 16 contact hours at Urban Vybe within 6 months of the teacher training intensive.

Print Name _____

Signed: _____

Date: _____

Participants of Urban Vybe Sky Aerial Yoga Teacher Training programs acknowledge and agree that Aerial Yoga is a unique form of yoga that generally is not offered by other studios, gyms, fitness centers in the North Dallas Suburbs. As a result, the Urban Vybe Sky Aerial Yoga Teacher Trainee information, photos, manuals, class sequences, marketing strategies, business operations are unique and proprietary to Urban Vybe.

By signing this Agreement, participant agrees that, during the term of this Agreement and for a period of three (3) years following the effective date participant will not teach Aerial Yoga teacher training classes/programs for the benefit of himself or herself or for the benefit of any other yoga studio or other business enterprise (profit or non profit) (including, but not limited to, dance studios and health clubs) located within a 25 mile radius of any Urban Vybe location where aerial yoga is offered.

Participant agrees that, in the event he or she violates the obligations imposed by this agreement, Urban Vybe shall be entitled to immediate injunctive relief, as well as liquidated damages in the amount of Ten Thousand Dollars (\$10,000.00) per violation, compensation for reasonable attorneys' fees incurred by Urban Vybe in enforcing this Agreement, and any other damages available at law or in equity.

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Aerial Yoga Houston teacher Trainee (Print Name)

Signature

Date: _____