



# PATANJALI YOG PEETH (UK) TRUST

(An International Yog teaching body of PATANJALI YOG PEETH TRUST, Haridwar, India)  
England and Wales: Charity Registration No: 1115370, Scottish Charity Registration No: SC041991

## **ASSISTANT YOG TEACHER (LEVEL 1)** ENROLMENT FORM

Please Paste  
Your Passport  
Size Photograph  
Here

### **PERSONAL DETAILS**

**TITLE: Dr / Mr / Mrs / Ms**

First Name..... Last Name.....

Date of Birth ..... Male/Female Marital Status .....

Permanent Address .....

Post Code..... Telephone No. (H).....(O).....

(M)..... E-mail:.....

Education/Qualification..... Present/Occupation/Business .....

**Location**

### **HEALTH DETAILS**

Are you currently under the care of a doctor or medical professional? **YES / NO**

When did you last consult your GP (family doctor) and why? .....

Are you currently taking prescribed medicine? **YES / NO**

If you answered YES to the above question please give details of the name AND dosage of the medication?.....

Do you smoke? **YES / NO** Do You Take Alcohol? **YES / NO**

Are you **Vegetarian / Non Vegetarian**

Are you currently suffering from or have suffered from any illness listed below (CIRCLE AS APPROPRIATE):

- |                        |                                   |                         |
|------------------------|-----------------------------------|-------------------------|
| Heart Trouble          | Lung disease                      | Stomach/bowel trouble   |
| Jaundice/hepatitis     | Joint problems Diabetes           | Allergies               |
| Headaches/migraines    | Asthma                            | High blood pressure     |
| Low blood pressure     | Back/neck problems                | Serious accident        |
| Severe stress reaction | Kidney/bladder disorder           | Fits/blackouts/epilepsy |
| Hearing/sight problems | Surgical operations/Skin problems | Depression/anxiety      |
| Hernia or rupture      | Other:.....                       |                         |

If you circled any of the options above please provide details and approximate dates where relevant:

Are you fit to join YOG TEACHER TRAINING COURSE:  Yes  No

**GENERAL INFORMATION**

Are you affiliated with a Community Centre or other organisation? **Yes/No**  
If so, please state type of organisation: **Voluntary/ Private/ Public**  
Name of the Organisation.....  
Phone..... Email:.....

Please tell us below of any previous experience you have in learning & teaching Yog:  
.....  
.....

How did you find out about Patanjali Yog Peeth Trust?.....  
.....

Why do you want to be associated with Patanjali Yog Peeth Mission?.....  
.....  
.....

**DECLARATION**

I hereby declare that the particulars furnished above are true to the best of my knowledge. I further declare that I will abide by all the rules & regulations as well as the code of conduct of Patanjali Yog Peeth ( Trust) prescribed for such Yog Teachers/ Volunteers from time to time. In case of violation of any rules, regulations or code of conduct, the trust can take disciplinary action against me and for this sole responsibility will be of mine.

**Applicant’s Signature**.....

**Date**.....

**PAYMENT ENCLOSED: £101**                       **DRAFT**       **CASH**       **CHEQUE**  
(Please made your cheque/Draft payable to: 'PATANJALI YOG PEETH (UK) TRUST. )

**Please send your completed form with payment at:**

**PYP (UK) TRUST, 40 LAMBHILL STREET, KINNING PARK, GLASGOW, G41 1AU, SCOTLAND (UK)**

**RECEIVED BY:**

**Name:** ..... **Contact Number:**.....

**SIGNATURE:**..... **DATE:** .....

## **DISCLAIMER FORM FOR ATTENDING ASSISTANT YOG TEACHER TRAINING SESSIONS.**

The **Assistant Yog Teacher Training Sessions** are run by a charity organization called, **Patanjali Yog Peeth (UK) Trust** who are hereby referred to as the Organizers & Instructors (“O&I”) in association with **(A Yog teaching body of PATANJALI YOG PEETH TRUST, Haridwar, India).**

The Organizers & Instructors (‘O&I’) which expression shall include all related entities (employees, agents, affiliates, volunteers associated with them) expressly state that, in general Yog-Pranayam is safe and beneficial but like any other health and physical exercise program it needs to be practiced judiciously, correctly and cautiously. No citing by O&I at the Yog-Pranayam Classes to any health-related/medical/other information is intended to be a substitute for professional judgment of a qualified health-care provider. The O&I are not subject or liable to change the structure of the Yog-Pranayam Classes to suit individual needs. Not all presentations at the Yog-Pranayam Classes may be suitable for everyone. If pain is experienced anytime during the practice of Yog-Pranayam, it should be stopped immediately and a qualified health care professional should be consulted. The O&I assume no responsibility and will not be liable for any harm, injury, damage known or unknown or otherwise, that may result from any tort, negligence or from a breach of an express or implied warranty however caused or occurring during or after participation in the Yog-Pranayam Classes or while practicing anything presented therein. By participating in the Yog-Pranayam Classes the participant or the guardian who is responsible by law for the participant, hereby expressly and Willingly assumes all risks, full responsibility and liability for participating and practicing anything presented therein and forever waives and releases and agrees to defend, indemnify and hold the O&I harmless from and against any and all injuries (including death), damages and any other claims or demands, liabilities and settlements (including without limitation, legal and accounting fees) on or against the O&I for losses or damages, including, without limitation, direct, indirect, incidental, consequential or special damages, personal injury/wrongful death, resulting from or alleged to result from participating in or practicing anything that is presented in the Yog-Pranayam sessions. I, my heirs or legal representatives’ forever release waive, discharge and undertake not to hold the O&I in any way responsible for accident, injury or death which may occur during my participation in the Yog-Pranayam Classes. The O&I, at their sole own discretion reserve the right to deny participation at any time of the Yog-Pranayam sessions to any entity without assigning any reason whatsoever.

### **RULES FOR PARTICIPATING IN YOG PRANAYAM - ASSISTANT YOG TEACHER TRAINING SESSIONS**

1. I understand that it is my responsibility to consult and obtaining consent from a physician prior to and regarding my participation in the Yog-Pranayam Sessions, Health Programs or Workshops.
2. Suitable clothing is advised e.g. loose gym wear/jogging wear/Punjabi suit.
3. Participants will bring their own Yoga mats/bed sheets, towels, tissues and water (if required).
4. We do recommend that participants maintain a regular medical check up to see for themselves how Yog-Pranayam may be affecting their health within the medical parameters of concern (if any) or of those being monitored.
5. Participants are advised to come on an empty stomach for maximum results (No food 5 hours before the Yog-Pranayam Session)

O&I highly recommends to every participant to consult and obtain independent medical advice from their Health Care Professional before executing the aforesaid disclaimer and become aware of any effect that may be applicable in light of your medical history or concerns.

I acknowledge that I am participating in the yog-Pranayam Assistant Yog Teachers training sessions on voluntary basis. I have read, understood in its entirety and I voluntarily agree to the terms and conditions of the release and waiver of liability and rules for participating in yog-Pranayam training sessions as described above.

**Student/Legal Guardian Signature:** \_\_\_\_\_ **Date of Signature:** \_\_\_\_\_

**Print Full Name** \_\_\_\_\_

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