



PATANJALI YOG SAMITI

(An International Yog teaching body of Patanjali Yog Peeth (Trust), Haridwar, India) in association with Patanjali Yog Peeth (U.K.) Trust (Charity Registration No. 1115370) <http://www.pypt.org>

ASSISTANT YOG TEACHER (LEVEL I)

ENROLMENT & DISCLAIMER FORM

Please Affix
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:.....

Preferred Location
for Training:

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**

Are you

Vegetarian / Non Vegetarian

Do You Take Alcohol?

YES / NO

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

Heart Problems Lung disease Stomach/bowel trouble

Jaundice/hepatitis Diabetes Allergies

Headache/migraine Asthma High blood pressure

Low blood pressure Back/neck/joint problems Serious injury

Severe stress Kidney/bladder disorder Fits/blackouts/epilepsy

Hearing/sight problems Surgical operations/Skin problems Anxiety/Depression

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 CAMP:

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?.....
.....
.....

Are you ready to devote minimum 2 hours weekly to teach and promote free Yog classes? Yes No

DECLARATION

I hereby declare that the particulars given 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 Yog Teachers/ Volunteers from time to time. In case of violation of any rules, regulations or Code of Conduct, the trust will be entitled to take disciplinary action against me.

Applicant's Signature.....

Date.....

PAYMENT ENCLOSED: £101 DRAFT CASH CHEQUE

(Please made your cheque/Draft payable to: "PATANJALI YOG PEETH (U.K.) TRUST")

NOTE: For payment for training outside the UK, please get in touch with your local country/city contact(s) as advertised on Aastha and/or email to info@pvpt.org

PATANJALI YOG PEETH TRUST – ASSISTANT YOG TEACHER COURSE - TERMS & CONDITIONS

1. All participants will be responsible for obtaining consent from their doctor before participating in the yoga sessions.
2. Suitable clothing is advised; Women are advised to wear white/yellow/pink salwarkameez or gym wear and men are requested to wear kurta pajamas or loose gym wear/jogging wear.
3. We strongly advise for all participants to be medically examined before and after the workshop whereby they can analyze the benefits.
4. Participants are strongly advised to come in the morning after completing the morning ablutions and on an empty stomach for maximum results.
5. Participants must not eat/drink anything for around 3/4 hours before attending the Workshop.
6. Participants are responsible for their own belongings.

DISCLAIMER

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 is safe and beneficial but like any other health program it needs to be practiced judiciously, correctly and cautiously. No citing by O&I at the Yog Shivr 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 Shivr to suit individual needs. Not all presentations at the Yog Shivr may be suitable for everyone. If pain is experienced anytime during the practice of Yog, 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 or damage resulting 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 Shivr or while practicing anything presented therein. By participating in the Yog Shivr the participant, for himself/herself, his/her heirs, and assigns, hereby expressly 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 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 Shivr. The O&I, at their sole own discretion reserve the right to deny participation at any time of the Yog Shivr to any entity without assigning any reason whatsoever.

Signature:..... Print Name:.....

Date:.....

Please Note:

1. Applicant must be over 18 years old, healthy, dedicated, financially stable, and educated, to apply for the post of Yog Teacher.
2. Location of training venues listed at <http://pypt.org/26-Assistant-Yog-Teachers-Training.html>
3. Please check that you have signed the declaration on page 2 and the disclaimer [see above] on this page.
4. Please send this completed Enrolment & Disclaimer Form, passport-size photograph and cheque for £101 per course attendee to your local country/city contact as advertised on Aastha International and/or the contacts listed at <http://pypt.org/26-Assistant-Yog-Teachers-Training.html>.
5. **NOTE:** For payment for training outside the UK, please get in touch with your local country/city contact(s) or the PYP (UK) office at info@pypt.org

<p><u>RECEIVED BY [FOR OFFICE USE ONLY]:</u></p> <p>Yog Teacher Name:</p> <p>SIGNATURE:.....DATE:</p>
