



APPLICATION FORM

The Aquarian Teacher – Melbourne 2018

KRI Level 1 Teacher Training Program
Instructor Certification - Foundations

Please fill out your details below, sign the liability waiver and release statement and write approximately 500 words as to why you would like to participate in the course and sent to:

Post: Kundalini House Email: info@kundalinihouse.com.au
391A St Georges Rd, Fitzroy North VIC 3068

Full Name: _____

Spiritual Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____ Phone: _____ Mobile: _____

Date of Birth: _____ Male / Female

Have you attended Kundalini Yoga classes? Y / N Approximately How Many Classes: _____

Investment

The investment for the course: This includes all teaching, retreat costs and textbooks.

Single Payment Option: \$5300 paid in full on registration

Multiple Payment Option: \$5550 deposit upon registration \$1000 and 5 payments

Deposit due on registration	\$1000	3 rd Payment due by 1 April 2018	\$ 900
1 st Payment due by 1 February 2018	\$ 950	4 th Payment due by 1 May 2018	\$ 900
2 nd Payment due by 1 March 2018	\$ 900	5 th Payment due by 1 June 2018	\$ 900

A payment plan will need to be entered into, approved and signed.

Payment Options:

I will pay by Direct Fund Transfer

Please use TT your name in reference and email info@kundalinihouse.com.au with confirmation of the transaction

Bank: Credit Union Australia
Name: Melbourne Aquarian Teachers
Reference: TT your name

BSB: 814 282
ACC: 30925838

To complete your application please remember to write approximately 500 words as to why you would like to undertake Kundalini Yoga Teacher Training.





Background and Medical History (Confidential)

To enable us to provide you with the best care and training, please provide us with any details that may affect your ability to participate in the teacher training. If you have any injuries or health concerns please check with your Medical Practitioner before commencing the training.

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship to client: _____

Do you have any food intolerances or allergies? Y / N Details: _____

Please list any past or present injury or illness that may impact on your yoga practice:

Please mention any medications or supplements you are taking:

Do you have any of the following conditions? *(please circle)*

Heart conditions: Y / N Details: _____

High/Low Blood Pressure: Y / N Details: _____

Back/ Neck Problems: Y / N Details: _____

Joint Problems: Y / N Details: _____

Diabetes: Y / N Details: _____

Asthma: Y / N Details: _____

Depression / Anxiety: Y / N Details: _____

Past Trauma or Addiction Y / N Details: _____

Other (Please specify): _____





The Aquarian Teacher™ KRI Level One Registration and Release Form

Name of Licensee/Location: Gurujivan Kaur Khalsa / Melbourne VIC Australia (the "Program")

Registrant's Legal Name: _____

Registrant's Spiritual Name: _____

Mailing Address: _____

City: _____ State: _____ Country _____

Postal Code/Zip Code _____ Date of Birth: _____

Phone: _____ E-mail: _____

Release

I am aware that the Kundalini Yoga Teacher Training Program is here to serve me by sharing knowledge of Kundalini Yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Program.

In consideration of being permitted to participate in the Program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Program.

I agree to indemnify and hold harmless the Program; KRI; Harbhajan Singh Khalsa Yogiji, a.k.a. Yogi Bhajan; YB Teachings, LLC; 3HO Foundation; Sikh Dharma; Humanology, Health Science Incorporated; and any affiliations and/or subordinate corporations not stated herein, their officers, directors, employees, agents, or volunteer staff from and against all claims, actions, demands, proceedings, liabilities, cost and expenses, including reasonable attorney's fees, which they may have ascertained against or incurred by them arising as a result of my participation in the Program. I understand that **I must complete all the Level One requirements no later than one year from the end of the program in order to certify.**

I understand that this program, once completed successfully, will certify me as Kundalini Yoga instructor allowing me to teach Yoga classes and short workshops. It will not allow me to teach a Level One Program.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue or make any claims of any kind whatsoever against the Program or any of the aforementioned parties for any injury, property damage/loss, or death caused by their negligence or other acts.

KRI and the KRI Teacher Training team reserve the right to grant KRI Level One certification based solely on their discretion and evaluation of each student's readiness to be a Kundalini Yoga Instructor. This evaluation is based on successfully meeting the course requirements including, but not limited to those listed in this document.

I understand that I am strongly encouraged to submit my certification requirements and that for any reason I do not complete all of the requirements for certification by the conclusion of the course (with the exception of 20 Kundalini Yoga classes and one day of White Tantric Yoga), I will be required to pay a \$48 per month late fee. All requirements must be completed and submitted **no later than 12 months after the conclusion of the course.** If you do not complete the requirements for the course and submit the late fee within this timeframe you will not be certified.

The Undersigned agrees that they have read, understand, and agree to all the Release information stated herein and that all the Registration information provided is correct to the best of their knowledge:

Signature (Legal Name): _____ Date: _____

