



Kindness, Skill, Strength and Grace

Zion Academy of Certified Instruction

ZACI (Zion Academy of Certified Instruction) is a Registered Yoga School (RYS) with the Yoga Alliance, which designates this teacher-training program as one that follows the Yoga Alliance's standards.

Welcome to ZACI,

Congratulations on choosing to expand your knowledge and understanding of the practice and philosophy of yoga.

It is an honor and a privilege to guide you through this transformative experience.

ZACI's Teacher Training Checklist:

1. Complete and sign both the application and school waiver.
2. Choose your tuition option.
Option 1: \$2900 paid on the first day of class.
Option 2: \$2500 paid three weeks before the first class meeting (a \$400 savings).
3. Tuition payment may be made with credit card or check made payable to ZACI Yoga.
4. Email zacyoga@gmail.com to set up an interview.
5. Once your application, interview and payment have been completed, you will be registered with the Yoga Alliance. The Yoga Alliance will send you an email confirming your registration with ZACI's yoga teacher-training program.

Thank you for choosing ZACI. I'm thrilled to guide you through your yoga teacher-training program. Please do not hesitate to call or email me with additional questions.

Namaste,
Paula Temple
School Owner/Director
602-573-1480



ZACI STUDENT ENROLLMENT AGREEMENT
ZACI: Zion Academy of Certified Instruction
200 RYT Teacher Training Program

STUDENT INFORMATION

Student Name: _____

Address: _____

Cell Phone Number: _____ Date of Birth: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

Relationship: _____

PROGRAM INFORMATION

Program: ZACI Yoga Teacher Training

Certification: 200 RYT

Duration: 10 -16 Week Training Program

How did you learn about the ZACI Yoga Teacher Training Program?

Please check all that apply.

- I practice at ZACI Yoga
- Internet Search
- A friend _____

STUDENT QUESTIONNAIRE

PART ONE – ABOUT YOU

1. How long have you been practicing yoga? How many days per week do you practice?

2. What has motivated you to enroll in the ZACI teacher -training certification program?

3. What are your goals upon completion of the ZACI teacher-training program?

PART TWO – MEDICAL HISTORY

1. How would you evaluate your current health? Excellent Good Fair

2. Do you suffer from any of the following conditions? Epilepsy Diabetes Asthma

3. Are you currently (or have you been during the last two years) under the care of a physician or mental health care professional? Yes, *If yes, please explain* No

4. Do you have any pre-existing injuries that may affect your ability to participate in this training? Yes *If yes, please explain* No

5. Do you any other medical issues that could affect your ability to practice yoga?
Yes, *If yes, please explain* No

TUITION:

Option 1: \$2900 paid on the first day of class.

Option 2: \$2500 paid a three weeks before the first class meeting (a \$400 savings).

Tuition is due on or before the first day of class. All financial obligations to the school must be satisfied in order to receive certificate of completion from ZACI's Yoga Training Program and register with the Yoga Alliance.

REQUIRED TEXTBOOKS:

The required textbooks will cost approximately \$100.

REFUND POLICY:

In the case of unexpected circumstances the refund policy is as follows:

Less than 10% attendance	90% refund
Between 10% and 20% attendance	80% refund
Between 20% and 30% attendance	70% refund
Between 30% and 40% attendance	60% refund
More than 40% attendance	No Refund

I have read and understand this agreement and acknowledge receipt of copy of this agreement. ZACI (Zion Academy of Certified Instruction) is a nationally Registered Yoga School (RYS) with the Yoga Alliance, which designates this teacher training program as one which follows the Yoga Alliance's standards. Upon completion of ZACI's teacher training you will be able to register with the Yoga Alliance and will be recognized as a Certified Yoga Teacher on a national basis.

Signature of Student

Date

Signature of Director

Date



Agreement of Release and Waiver of Liability

Name: _____ Phone _____ (Cell preferred)

E-mail: _____

This form covers ZACI's 200 and 300-hour teacher training program offered by ZACI Yoga, LLC and registered with the Yoga Alliance. Please read thoroughly.

I am a willing participant in ZACI's yoga teacher-training program including classes, other programs, workshops or therapies offered by ZACI Yoga, LLC. I recognize that the training, classes and workshops require physical exertion, which may be strenuous and could result in physical injury. I am fully aware of the risks and hazards involved. I fully elect and choose to engage in training and fitness related activities at ZACI Yoga or alternative locations at my own risk.

I acknowledge and fully understand that by signing this waiver it is my intent to hereby waive any and all legal claims against ZACI Yoga, LLC and it's employees, independent contractors, associates or staff members, for injuries or damages that I may sustain, which may result from accidental or non-accidental injuries, loss or damage to my person or my personal property, resulting from all activities I choose to engage in at the studio or in alternative locations such as parks, or outdoors activities in group settings. I agree to assume full responsibility for any risks, injuries or damages, which I might incur as a result of participating in this teacher-training program.

I have read the above release waiver of liability and fully understand its contents and confirm that by signing this WAIVER AND RELEASE FROM LIABILITY I give up considerable current and future legal rights. I have signed this agreement freely, voluntarily, and without any duress. My signature is my proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I understand the content of this document and am aware that it is legally binding and I sign it of my own free will.

Signature of Participant: _____ **Date:** _____

Witnessed by: _____ **Date:** _____



Photo Release Form

This form is completely optional.

ZACI Yoga, LLC
St. George, UT, 84790

Permission to Use Photographs

I give ZACI YOGA, permission to take photographs of me in connection with the ZACI Yoga Teacher Training.

I agree that ZACI YOGA may use such photographs for any lawful purpose, including for example, such purposes as social media and web content.

Signature _____

Printed Name _____