Teacher Training Application

Miami Life Center’s One Month Intensive
200 Hour Yoga Alliance Certification Teacher Training directed by Kino MacGregor

A completed application packet is required for any individual interested in enrolling in the Teacher Training program. For Teacher Training related questions please email teachertraining@miamilifecenter.com and for general Miami Life Center questions please email info@miamilifecenter.com and if you require immediate assistance please call Miami Life Center at (305) 534-8988. When accepted, the applicant will need to submit a non-refundable $700 deposit. You will be notified about intended books, supplies and schedules as soon as possible. Yoga Alliance Certification requirements must be fulfilled during the training. You will be notified and advised of any special assignments. Complete credit and requirement completion is mandatory for graduation. To be sure all requirements are met, make-up hours will be offered through pre-approval only. Certification will be presented after the completion of all requirements are completed including but not limited to evaluations and payments due. Please be aware that you will not be a Certified Ashtanga Yoga teacher, as only R. Sharath Jois can Authorize or Certify you to teach Ashtanga Yoga at the K. Pattabhi Jois Ashtanga Yoga Institute in Mysore after multiple trips to India. You will graduate with the 200 Hour Yoga Alliance Teaching Certificate with a focus in Ashtanga Yoga.

In order to be considered for enrollment a full application package must be submitted and include the following items: a completed application form, a recommendation by a yoga teacher, a complete response to the Teacher Training questionnaire form, a completed Miami Life Center new student registration form, a signed release & waiver form, and a signed agreement to payment terms form. The applicant is completely responsible for obtaining any passports or visas required for travel as well as meals and accommodations.

You may submit your completed application package by email to teachertraining@miamilifecenter.com. You will receive automatic email confirmation of its receipt. Please include all documents in only one email, either as one document attachment or multiple attachments. Please make sure all writing and/or typing is clear and legible. Due to the numerous submissions and inquiries Miami Life Center receives, please be patient as we address each candidate, do not send multiple submissions or inquiries, we will respond to your submission within approximately 14 days.

Thank you for choosing Miami Life Center’s Teacher Training Program! Om Shanti.
Teacher Training Application Form

First Name ..................................................................................................................
Middle Name ..............................................................................................................
Last Name ..................................................................................................................
Maiden Name .............................................................................................................
Address ......................................................................................................................
City ..............................................................................................................................
State/Province .........................................................................................................
ZIP/Postal Code ....................................................................................................... 
Country ......................................................................................................................
Phone (primary) ........................................................................................................
Phone (secondary) ....................................................................................................
Birth date (MM/DD/YYYY) ....................................................................................... 
Gender ......................................................................................................................
Email ...........................................................................................................................
Website ......................................................................................................................
Occupation ............................................................................................................... 
Emergency Contact Name: .....................................................................................
Emergency Contact Phone: ....................................................................................
Are you currently taking any medications? If so, what? ..........................................
Do you currently hold a 200 Hour RYT Certificate? ..............................................
If yes, from what school? ....................................................................................... 
I am the individual given above. I confirm that all information provided herein is true, accurate and up to date. Further, I agree that to the extent that there are any changes to the information provided above that may affect my ability to attend the Teacher Training, I shall inform Miami Life Center as soon as possible hereof. I understand and agree that any and all information I submit will be sent to the host studio, Miami Life Center and myself for the purposes of registration and application and graduation for the training in question. In addition, I confirm that I have read, understood and agreed to the payment and refund terms.

Applicant Signature Printed name Date
Teacher Training Application Questionnaire

How did you hear about the Miami Life Center Teacher Training?

Are there specific populations of students you wish to address?

Please describe why are you interested in this program?

Describe your current yoga practice. Is it daily?

Are you considering others?

Do you attend classes regularly?

What would you like to get out of this program?

Do you have a home practice?

Are you currently interested in teaching yoga or are you considering this training for your own self-exploration?

Of what does your practice consist?
Describe your experience with yoga. How long have you practiced, with whom have you studied and for how long, and what style of yoga do you usually practice?

What other related disciplines do you study/practice? For how many years?

Do you practice pranayama and/or meditation?

Briefly describe any integrative therapies, body/mind, energetic, or spiritual practices with which you are or have been involved (including but not limited to meditation, nutrition, dance, theater, massage, therapy, etc).

Are you already Yoga Alliance 200-hour registered or a yoga teacher? If so, please describe in what tradition or style were you trained and where you completed your training?

Describe any injuries, limitations, challenges, disabilities or illnesses of which we should be aware, physical, emotional or otherwise. How are you addressing these?

Describe if you are you currently teaching yoga, and for how long have you been teaching?

Please describe your educational background (degrees, institutions, locations, and dates), from high school to college and beyond. Do you have any credentials in the allied health field (e.g., LMT, PT, RN, MSW, etc)? Please describe any employment, life, volunteer or community service experience you think is relevant?

Please indicate if you are teaching another discipline?
I, the undersigned, do hereby consent and agree to the following provisions as are set out in this waiver and release of liability and assumption of risk agreement (hereinafter the Agreement): I intend to and shall participate in a Miami Life Center class, workshop, retreat, teacher training, continued education program and/or other yoga-related teaching program or events (hereinafter Teaching Program) offered by Miami Life Center, a Florida corporation, through its teacher training director Kino MacGregor, during which course I shall receive instruction concerning yoga exercises and I shall practice yoga exercises. I understand that yoga in general and the practice of Ashtanga yoga in particular involves strenuous physical activity, which may require balance, flexibility, muscle strength, aerobic fitness, mental concentration and other physical and mental abilities. I understand that yoga classes and the practice of yoga may be physically and mentally stressful and tiring, and that such classes and practice can result in new injuries or in re-injuring old injuries, including muscle soreness, strains, sprains, pulls, or tears, cuts or bruises, illnesses, or other unforeseeable risks which cannot be specified in advance. I have previously taken yoga classes or have otherwise conducted sufficient research into the practice of yoga to fully appreciate the type of activities taking place in yoga classes. In consideration of the foregoing, I hereby represent and warrant that I am in good physical condition and do not suffer from any disability, illness, impairment, disease, infirmity or condition which would limit or prevent my full participation in this Teaching Program. I further represent and warrant that: either I have had a physical examination and have been given my physician’s permission to participate in this yoga program, or I have, after careful consideration of my physical and mental condition at present, decided to participate in this Teaching Program without the approval of my physician, and in either event, I do hereby voluntarily assume all responsibility for my participation and activities in this Teaching Program and for any risks, injuries or damages which I might incur as a participant in the Teaching Program, including without limitation, traveling to or from and entering or leaving the location or premises at which the Teaching Program is held and making use of its facilities, participating in the Teaching Program itself, practicing or training for participation in the Teaching Program and any and all components of the curriculum offered under the Teaching Program, performing on my own the exercises, routines and yoga postures I have learned at the Teaching Program (either before, during or after the Teaching Program), and being instructed by paid or volunteer yoga instructors in at the Teaching Program. Notwithstanding the foregoing, if I do have any physical injuries or conditions, which might hamper my yoga practice, lead to pain or injuries when practicing yoga, or affect my participation in the Teaching Program in any other way, I shall promptly inform Miami Life Center in writing of those injuries or conditions at any point in time as such conditions may arise.

1. I agree to remain fully aware of my physical and mental conditions and limitations and I assume full responsibility for my physical and mental conditions and limitations while participating in this Teaching Program. I understand that I am at all times responsible for using sound judgment to ensure that I practice yoga at a pace and level of effort that feels safe and appropriate to me and my physical and mental conditions. I further agree to follow all rules and instructions of the persons teaching or assisting in this Teaching Program. I further agree that I shall not commit any actions that might impair my physical and/or mental condition and functioning, which might result in my being in a physically and/or mentally impaired state during any part of the Teaching Program, for example: using alcohol, illegal drugs or other harming substances.

2. In consideration of my admittance to participate in this Teaching Program, I, for myself, as well as for my heirs, guardians, executors, administrators, successors and assigns, hereby release (forever and irrevocably) Kino MacGregor, Miami Life Center, any teachers or assistants involved in any way in the offering or the provision of this Teaching Program, the sponsors, host and facility providers of this Teaching Program,
the directors, officers, shareholders, employees, agents and attorneys of each of the foregoing, the licensees, successors and assigns of the foregoing, and any other parties acting in concert with any of the foregoing (with all the foregoing parties being hereinafter collectively referred to as the Released Parties), from any duties, agreements, claims, counter-claims, debts, obligations, costs, expenses, loss of services, actions, risks, injuries, damages, accidents, liabilities, claims, demands, judgments, losses, costs and causes of action of any kind whatsoever arising or resulting from or relating in any way (in whole or in part) to my participation in this Teaching Program or any other yoga program with any of the Released Parties in the future, regardless of whether any such claims, injuries, etc. result from my own actions, inaction or negligence, the actions, inaction or negligence of other participants to the same or future Teaching Programs, the alleged actions, inaction or negligence of any of the Released Parties or any combination of the foregoing. No representations of any kind have been made to me by any of the Released Parties to induce me to sign this release form; I am signing this form because I wish to attend a Teaching Program at Miami Life Center.

3. I hereby understand that the Studio from time to time may photograph or video record classes or events occurring at its studios and place such photographs and videos on its Website, Facebook, Twitter, other online platforms, and any printed materials. I hereby consent to the use of my image that may appear in any such photograph or video.

4. Without prejudice to any considerations herein, I agree not to sue or bring any legal claim, proceeding or action against any of the Released Parties (and I hereby knowingly, voluntarily and expressly waive any right to bring any such action) for any action or inaction (including any action or inaction constituting negligence) of the Released Parties resulting in personal injury, defamation, libel, invasion of privacy or any other similar harm as a result of my participation in this Teaching Program, irrespective of whether the cause, nature or existence of any such claim is known or unknown to me at this time. I understand that some of the potential injuries I might suffer in yoga classes are foreseeable, and that others are unforeseeable and that any such injury, which I do suffer, may be known or unknown to me for any given length of time. To the extent permitted by law, I hereby waive and relinquish all rights and benefits I might have now or in the future under any federal or state statutes or common law provisions that either (i) do not extend to claims which I do not know or suspect to exist to be in my favor at the time of executing this release that, which if known, would or might have materially affected my agreement to the provisions of this Agreement or (ii) otherwise prevent or hamper the enforceability of releases or waivers of claims under this Agreement.

5. Should any part of this Agreement be found invalid or not enforceable by law, I understand and agree that the remaining provisions of this Agreement shall remain to be in force and continue to be enforceable to the greatest possible extent. Any modifications to this Agreement must be in writing agreed by both parties. This Agreement inures to the benefit of myself, Miami Life Center and the Released Parties involved in offering this Teaching Program and represents the entire agreement between concerning such Teaching Program and the subject matter hereof.

I hereby represent and warrant that either: I am at least eighteen (18) years of age and am competent in all ways to sign this Agreement and I realize that this is a legally enforceable and binding document. By signing below I certify that I have read and understood every part of this Agreement and I agree to comply with all of its terms and conditions; OR I am the parent / legal guardian of the applicant (the Applicant). I understand that I assume full responsibility for the Applicant while he or she is participating in the Teaching Program. By signing below I certify that I have read and understood every part of this Agreement and I agree to the terms and conditions thereto on behalf of and for the Participant. I represent and warrant that I am competent in all ways to sign this Agreement and I realize that this is a legally enforceable and binding document.
Teacher Training Payment Terms

All tuition fees must be paid in a timely manner in accordance with the deadlines specified:
Relevant deposit upon program acceptance, due within 24 hours.
Remaining amount minimum 30 days prior to the start date of the relevant Teacher Training, or such other deadline specified by the host studio. Please note the exact deadline(s).
No refunds, credits or transfers are available for cancellation prior to the start date of any Teacher Training program. Miami Life Center reserves the right to amend this policy at its sole discretion.

I am aware of and agree to the Payment Terms set forth by this Teacher Training Program and Miami Life Center.

Applicant Signature  
Printed name  
Date
Teacher Training Application Checklist

☐ Application form

☐ Teacher recommendation

☐ Questionnaire

☐ New student registration form

☐ Release waiver

☐ Payment terms
Accommodation Links

Miami Life Center is located on South Beach, in Miami Beach, Florida.

South Beach is an amazing beach locale with the ocean to the east and the bay to the west. In South Beach, recreation and entertainment are readily available and abundant. Healthy eats and juices are available at various establishments. Parks and the sandy beach are all in walking distance, and transportation, like bicycles and scooter rentals, and local bus fares and taxis are readily available and relatively affordable.

South Beach also has countless accommodation options to the visitor and traveler. While Miami Life Center is not able to assist you in arranging any travel or accommodation arrangements at any stage, we have provided a few public links that may be of interest. Please make all arrangements at your own discretion.

The address and zip code of Miami Life Center is as follows:
Miami Life Center
736 6th Street
Miami Beach, 33139

When making your accommodation arrangements, you may choose to ask your desired location if they are currently offering specials or discounts to individuals partaking in our yoga workshops.

Helpful accommodation links:
http://www.sobeyou.us
http://www.europeanguesthouse.com
http://www.tripadvisor.com
http://www.airbnb.com
http://www.hostels.com
http://theanglersresort.com

Travel Agency Air World Travel
http://www.awtmiami.com
Email Owner Maria: travel@awtmiami.com
Phone: (305) 538-1555 or (305) 528-4938

http://www.wholefoodsmarket.com/stores/southbeach
http://www.decobike.com
New Student Registration Form

First Name ................................................................. Birth date (M/D/Y) .................................................................

Last Name ................................................................. Gender ........................................................................

Address ........................................................................ Occupation ...................................................................

City .............................................................................. How did you hear about us? (please Specify) ................

State/Province ................................................................ Have you practiced yoga before? ☐ Yes ☐ No

ZIP/Postal Code .............................................................. If so, for how long? ☐ Less than 1 year ☐ 1-5 ☐ Over 5

Country ........................................................................ Which styles/teachers? ................................................

Phone .............................................................................

Email ..............................................................................

Please list any injuries, recent surgeries, health conditions, areas of pain/discomfort and physical limitations that the instructor should be aware of. Be as specific as possible.

I, .................................................................................. hereby agree to the following:

I) I am aware that participation in yoga class or related workshops requires physical exertion, which may result in accident or injury. I am aware of the risks and hazards involved and I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in yoga or related activities.

II) I represent that I am in good health and suffer from no physical impairment or medical condition that would limit use of Miami Life Center's facilities. I acknowledge that Miami Life Center and any instructors have not and will not render any medical services including medical diagnosis of my physical condition. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes and/or workshops.

III) I specifically agree that Miami Life Center shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to participation in yoga practice or any related activity. I agree without limitation to hold Miami Life Center harmless from the same.

IV) I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Miami Life Center for any injury or death caused by negligence or any other acts. I have read the above release and waiver of liability and fully understand its contents. I knowingly and voluntarily agree to the terms and conditions stated above.

Applicant Signature .......................................................... Printed name .................................................. Date

For office use only.
Do not write in this box

Registration for: Guided Classes / Holistic Health / Mysore / Workshop(s) / Yoga Privates

Data Entered: ............................................. Initials .......................................................... Mind Body Online / My Newsletter Builder