

Congratulations on choosing to take the path of deepening your practice through the Sadhana Training Program! Please use the space provided to answer the following questions:

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name & phone):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a yoga teacher? How many years? What style(s)?

Name of school you completed your 200-hour YTT:

What is your yoga practice off the mat? Where do you find it most challenging to practice the path of yoga?

What brings you to this 300-hour training and how do you hope to deepen your practice here?

What does your current practice consist of (asana, meditation, study, etc.)? Do you practice daily? Weekly? How do you sustain your practice?

What would you like to focus on for your 300-hour training and why?

Please provide a relevant physical, mental and emotional history.

Any additional information you would like to share (optional):

Please submit completed application by emailing to Diane: connect@dianemalaspina.com

Participant Release

By signing below, you confirm that you have read, understood and agree to be bound by all of the following points, which serve as a binding contract between you and Diane Malaspina Yoga + Wellbeing, LLC, and that you are eligible to participate in Diane Malaspina’s programs under the conditions set forth below. If you do not agree to be bound by this Participant Release, we regret that we cannot accept your enrollment.

1. Your Age. You must be 18 years old or older, and fully empowered under the laws of Virginia and your state of residence to enter into binding a contract, in order to participate in Diane Malaspina’s programs.

2.Your Health and Physical Condition. Every form of exercise carries some degree of risk of injury. Some yoga exercises and postures, for example, are not appropriate for every person. You are responsible for making sure that your health and physical condition permit you to engage in Diane Malaspina’s programs by consulting with an appropriate health-care profession before enrolling and participating in any such programs. Diane Malaspina will rely on the fact that, by participating, you have sought such expert advice.

3. Waiver of Claims. Accidents can happen in any form of exercise. Except for claims of personal injury to you based on intentional wrongful acts of Diane Malaspina, you are assuming the risk of injury, damage and/or loss of any kind to you, your guests (including children), and your (and their) property resulting from or related to your participation in Diane Malaspina’s programs and other products and services, and you are waiving, releasing and discharging any and all such claims. The waiver of liability under this Participant Release applies to Diane Malaspina Yoga + Wellbeing, LLC, and its members, officers, employees, contractors, vendors, agents and representatives (collectively, "Diane Malaspina Parties"), and extends to all claims, debts, liabilities, costs, expenses, and causes of action relating in any way to your participation in Diane Malaspina’s programs.  
4. Indemnity. You agree to indemnify, defend and hold the Diane Malaspina Parties against any and all of the claims that are waived in Section 3 above, and any other loss or liability resulting from your wrongful acts and/or those of your guests at any Diane Malaspina program.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_