



Divine School Of Yoga Therapy Program Application

Check one:

- 200-Hour Therapeutic Yoga Instructor**
 300-Hour Therapeutic Yoga Instructor

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Male Female

E-mail Address: _____

Home #: _____ Work #: _____ Mobile #: _____

Emergency Contact Information:

Name: _____ Phone: _____ Relation: _____

Please submit:

- Application and \$100 non-refundable application fee*
- Two letters of recommendation, one each from:
 - A yoga teacher
 - A personal character reference
- Yoga Resume including:
 - Influences, lineages, styles
 - Goals for this program
 - Documentation (if applicable) for 200 hours of yoga teacher training or equivalent

Mail/deliver completed form, fee and documents to:

Powerhouse Yoga & Pilates Studio

Attn: DSOYT

6000 Colleyville Blvd, Suite 140

Colleyville, TX 76034

Please read and sign before returning this application.

Refund policy: To view our refund policy, visit: <http://www.dsoyt.com/registration/refunds.html>

Waiver of Liability – The undersigned by signing this agreement indicates that he/she understands the risks inherent in practicing yoga and hereby assumes all risks incident to such activity and waives any claim or right of action against Divine School of Yoga Therapy (DSOYT) or Powerhouse Yoga & Pilates Studio (Powerhouse), its owners, members, instructors, agents, representatives, employees, contractors, successors and assigns for loss, expenses, liabilities, damages, or legal fees incurred on account of any loss or injury to the undersigned or the undersigned's property incurred in connection with and/or as a result of the undersigned's attendance at classes conducted by DSOYT or Powerhouse and/or use of the DSOYT or Powerhouse facilities.

Signature: _____

Please email info@dsoyt.com with any questions regarding this program or application process.

*Application fee will be refunded in the event of non-acceptance.