



[www.sattvicsage.com](http://www.sattvicsage.com)   [sattvicsage@gmail.com](mailto:sattvicsage@gmail.com)

1782 S. 237<sup>th</sup> Avenue Buckeye, AZ 85326  
(708)334-9362

**200-Hour 'Traditional Yoga Teacher' Training Certification Program**

~ OR ~

**200-Hour Current RYT 'Yoga Traditions' Enhancement Program**

**Application & Enrollment Form**

Program Name:	
Name:	Date of Birth / Age:
Address:	Cell#:
Email	

**Educational History:**

School	Major	YR Graduated

**Professional Work Experience:**

Organization	Role	Dates

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program? (Yes/No) \_\_\_\_\_ If yes, please explain.

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How did you hear about the Sattvic Sage Ayurveda & Yoga Teacher Training Program?

What has drawn you to become a New Yoga Instructor or to expand your current teacher knowledge and offerings?

# ~ TUITION PAYMENT OPTIONS ~

**Tuition: \$3000**

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**Option 1: Save \$200 When You Pay in Full:**

**Simply enroll by January 1, 2020 with payment in full.**

\$250 of this payment is Non-Refundable and is applied to full Tuition.

Your Total Tuition is \$2800 if paid by cash or check.

If paid via credit/debit card, a 5% processing fee will apply.

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**Option 2: Payment Plan:**

**Reserve your place in training by making a \$500 Seat Deposit by February 1, 2020.**

\$250 of this deposit is Non-Refundable & Entire Deposit is applied to Tuition.

Pay \$500 by Check, or for Electronic Payment, a 5% processing Fee will be applied

Remaining \$2500 is paid with 4 Subsequent Monthly Electronic Installment Autopayments

*(Include 5% Processing Fees & 2% Interest)*

- ✓ March 1            \$668.75
- ✓ April 1            \$668.75
- ✓ May 1             \$668.75
- ✓ June 1             \$668.75

Your Total Tuition is \$3175

**Tuition Includes:**

- 180 Hours of in-Class Sessions, 20 Hours Online Sessions (Large-Screen Presentations, Group Discussion, Yoga Asana Practice, Zoom Videos)
- Full-Color Binder Training Manual: Syllabus, Class Schedule, Course Handbook, Outlines, Reading Material, Class Notes, Handouts, Meditation Log
- Transport to Phoenix Temple & Cottonwood Ashram (donation of your choice for both locations is suggested)

**Books:**

Recommended/Required Books are not included are responsibility of the Student

**Payment Details**

If choosing the Optional Payment Plan, a PayPal link for payment will be forwarded to you via email. This will allow you to enter your payment information and agree to the subsequent monthly payments that will be 'Auto-Charged' to your account. No need to have a PayPal account, you may use any debit/credit card. Please enter your payment info below for your student account records.

**Credit Card Authorization:**

Credit Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

- I understand and agree that Sattvic Sage Ayurveda & Yoga (SSA&Y) does not guarantee employment nor take responsibility for employment in the field of Yoga, or any other health related field, upon completion of the course.
- I understand and agree that SSA&Y is not responsible for actions of students or graduates in their Yoga journey.
- I certify that I have the ability to finance my education and I have received and reviewed all program policies.

**Print Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SSA&Y Representative:** \_\_\_\_\_

**SSA&Y Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# ~ WAIVER & RELEASE ~

## Acknowledgment

BY JOINING THE SATTVIC SAGE AYURVEDA & YOGA TEACHER TRAINING PROGRAM,  
I UNDERSTAND THAT I ACCEPT WAIVER, RELEASE AND ASSUMPTION OF RISK.

I have volunteered to participate in a program of physical exercise under the direction of Karla A. Cain, which will include, but may not be limited to, stretching and yogic postures. In consideration of Karla's agreement to instruct, assist and train me, I do here and forever release, discharge and hereby hold harmless Karla A. Cain and Sattvic Sage Ayurveda & Yoga from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) ANY INJURY THAT MAY OCCUR AS A RESULT OF EXERCISING PAST YOUR PERSONAL THRESHOLD (2) ANY SLIP OR FALL

I recognize that any exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include muscle soreness, change in blood pressure, or losing balance. I understand that as a result of my participation in this yogic exercise program, I could suffer an injury and I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Karla A. Cain and Sattvic Sage Ayurveda & Yoga, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representation have been made to me regarding the results I will achieve from this program.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST KARLA A. CAIN OR SATTVIC SAGE AYURVEDA & YOGA.

I ALSO UNDERSTAND THAT WHEN PARTICIPATING IN THIS PROGRAM, I MAY BE CAPTURED IN PHOTOS OR VIDEO FOOTAGE THAT COULD POTENTIALLY BE RELEASED FOR ONLINE VIEWING AND/OR PROMOTION OF THE PROGRAM. I RELEASE AND GRANT PERMISSION THAT IMAGES AND VIDEOS THAT INCLUDE ME MAY BE RELEASED TO THE PUBLIC.

**Print Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SSA&Y Representative:** \_\_\_\_\_

**SSA&Y Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hardcopy of this document provided in person, or mailed to:**

Sattvic Sage Ayurveda  
1782 S. 237<sup>th</sup> Avenue Buckeye, AZ 85326  
(708)334-9362

**(Emailing of Credit Card information not recommended)**