Zen Warriors Yoga Teacher Training Registration Form

Name
Address
City, State, Zip
Email
Home Phone Cell Phone
Expectation for Training (what are you hoping to learn)
Prior Certifications
Personal Yoga Experience
Describe any physical conditions or imbalances you have that could be aggravated be exercise (back or knee problems, heart condition, recent surgery, injuries, high blood pressure, etc.)
Fraining Dates

Release Form:
I, release Zen Warriors, Julie Johnston, and all
sponsoring agencies from responsibility for any injuries I may receive as a result of participation in this course. I certify that my level of physical condition as determined by myself or my physician will allow me to safely participate in this program. I realize that completion of this
course is in recognition of training rather than a statement of certification. I understand that I will receive a certificate of completion for class hours that I participate in this course. Though Zen
Warriors endeavors to impact the importance of integrity and ethics in children's yoga teachers, I agree that Zen Warriors is not responsible for the actions of those who have taken training in this course.
I understand that the name Zen Warriors is the business name fro Julie Johnston, and as such is not appropriate as the title of children's yoga courses or classes that I may offer. It is entirely appropriate for Zen Warriors to be listed in my course bio or resume as a statement of my training.
I understand that payment is non-refundable. I agree to a \$40 processing fee to change the date of my course to a future date. If I need to change the date within 2 weeks or less of the course, I agree to pay a \$100 fee. I have read this release and am legally competent to sign this statement.
Signature
Date
Return with your payment in full (or payment online) to:
Julie Johnston (dba Zen Warriors)
4732 Muir Ave.
San Diego, CA 92107
OR .
Scan document with scanner or Genius Scan app on a smart phone and email to

julesj1174@sbcglobal.net