

# 2025 Prenatal Teacher Training – Application

## A. Applicant Information

Please type your answers in the grey-shaded fields. The fields will expand to accommodate as much as you need to type.

Today's date:

Name:

Mailing Address:

E-mail Address:

Phone Number:

Level of regular yoga teaching certification you already have completed or are pursuing outside of this prenatal training (check one)

200 Hours    500 Hours

Name of certifying yoga school for the above training:

\*Please submit a scan, photo or PDF copy of your certificate of completion if you've completed a 200- or 500-hour regular yoga teaching program.

What is your previous yoga teaching experience? Please list style(s), duration taught, and studio(s).

Does this experience include practicing prenatal yoga? If so, through how many pregnancies have you practiced yoga?

If you've practiced prenatal yoga, what are the benefits you derived and hope to pass on to your students?

## B. Application Terms & Conditions

Application will not be accepted without applicant's electronic initials on the two items below in the grey-shaded fields and acceptance at the bottom.

I hereby agree to abide by the following:

Hilltop Yoga Teacher Training Program (HYTTP) Payment and Refund Policy: A deposit is due no later than one month prior to the start date of training and is charged upon the school accepting the applicant. Upon acceptance into the school, the deposit becomes nonrefundable. All tuition is due one (1) week prior to the start date of training. All tuition paid by the applicant shall be refunded (minus the deposit and a \$100 application fee) if requested on or before the disenrollment deadline. The disenrollment deadline is 11:59 p.m. local time seven (7) calendar days prior to the start date of training. Once the disenrollment deadline has passed, no refunds will be given under any circumstance. All refunds shall be returned by check within 30 days.

- That I am participating in yoga classes and workshops offered by Hilltop Yoga, Inc. during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I warrant that I am physically fit and I have no medical condition(s) which would prevent my full participation in the yoga classes or workshops in which I am enrolled.
- In consideration of being permitted to participate in the yoga classes and workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participation in the program. I also knowingly, voluntarily and expressly waive any claim I may have against Hilltop Yoga, Inc. and its instructors, for injury or damages that I may sustain as a result of participation in the program.
- I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Hilltop Yoga, Inc. or its instructors for any injury or death caused by their negligence or other acts.

I acknowledge the receipt of a certificate of completion for this training is at the sole discretion of Hilaire Lockwood and not necessarily a result of having completed all requirements, hours, homework and exams.