

**EQUIVALENCY CERTIFICATION APPLICATION FORM**

\* Applications must be received by one of the following due dates:  
March 1<sup>st</sup> for May Certification, July 1<sup>st</sup> for September Certification, or November 1<sup>st</sup> for January Certification. \*

Name:	E-mail Address:
Address:	
City/Province:	Postal Code:
Preferred Phone Number:	Alternate Phone Number:

**Please submit this form and the following documentation to the Coordinator at the above address or email to [cert@yoga.ca](mailto:cert@yoga.ca):**

- Equivalency Certification Fee (\$350) \*Includes Lifetime YAA Membership\*** - pay online, attach a cheque, send an etransfer to [yogaab@telus.net](mailto:yogaab@telus.net) or pay over the phone with a credit card (780 427 8776).
- Copy of Certificate(s) from Teacher Training Program.** If your program is not recognized by the YAA or the Yoga Alliance please contact the Certification Coordinator at [cert@yoga.ca](mailto:cert@yoga.ca) for program assessment.  
Start Date of first formal Teacher Training Program: \_\_\_\_\_ (must be at least 2 years past).
- A Minimum of 10 hours** of teacher training, workshops or classes **with a YAA Senior Teacher or YAA sponsored workshop** (one YAA Teaching Skills Workshop or two YAA Monthly TTP Classes recommended).  
YAA Senior Teacher Name(s): \_\_\_\_\_  
Classes or Workshop(s) Attended with YAA Senior Teachers: \_\_\_\_\_  
\_\_\_\_\_
- A Character Reference Letter** from a colleague or teacher who has known the applicant for at least two years and who **verifies that the applicant's professional conduct reflects the *yamas* and *niyamas*.**
- Copy of current CPR Certification** (any level).

See section I.2 above for details on requirements. Once documentation has been received and fees paid, the application will be assessed, and the applicant will be contacted. **If upgrading is required**, the application may enter the Equivalency Upgrading Track until requirements are met.

Please be advised that any applicant may be subject to an audit of submitted documentation at any time. This information is used to determine eligibility in YAA programs. The YAA does not sell databases to third parties.

**By signing below, I hereby affirm that all the information herein and all documents attached to this application are correct, complete and true to the best of my knowledge. I have read, understood and hereby accept the stipulations of YAA Certification as outlined in the *YAA Equivalency Certification Guidelines*. I agree to adhere to the YAA Code of Ethics and Guidelines for YAA Certified Teachers (Appendix B).**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Insert electronic signature or print, sign and return by email)

You may be eligible to have your name and contact information listed in the YAA Teacher Directory, which is published in Yoga Bridge and on the YAA website. You will be added to our mailing list and will receive commercial emails and program updates from the YAA. Photographs taken at YAA workshops or supplied by you may also be used for publication purposes. All other information is kept confidential. **If you do not want your information published, please inform the YAA office in writing or by email.**

## Release of IN PERSON Liability Waiver, YAA

In consideration of being allowed to participate in any way in The Yoga Association of Alberta's (YAA) programs, related events and activities, I acknowledge, appreciate, and agree that:

1. I am aware that the risks of injury and illness (for example, COVID-19, etc.) are possible when participating in these programs. Personal discipline, following particular rules and proper equipment may reduce these risks; and,
2. to my knowledge I have not been exposed to any serious infectious disease likely to cause a public health risk to those I am in close contact with, e.g COVID-19, in the past 14 days and am taking reasonable steps to avoid being exposed; and,
3. I agree to comply with the programs' safety policies and procedures and I am aware that the YAA reserves the right to refuse or revoke my registration or participation in these programs at any time for any justifiable reason; and,
4. I believe that I am in reasonable physical condition and I shall inform the instructors of any medical or psychological conditions, injuries, or limitations (including known or suspected pregnancy), both past and present that may affect my ability to participate in the programs; and,
5. I understand, accept and consent to reasonable verbal or physical adjustments as deemed necessary by the instructor. I agree to follow instructions carefully and to immediately stop any activity that causes me any unacceptable discomfort, emotional distress or pain, even if I am instructed to do so by the instructor. I will report this to the instructor immediately; and,
6. I knowingly and freely assume all physical and legal risks, both known and unknown, even if arising from the negligence of The Yoga Association of Alberta, providers, or others, and assume full responsibility for my participation; and
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and indemnify The Yoga Association of Alberta, their officers, directors, officials, agents, members, instructors, assistants, and/or employees, staff, other participants, contractors, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, (collectively referred to as "Providers") with respect to any and all injury (physical, emotional or mental), illness and exposure to illness, disability, death or loss or damage to person or property, whether arising from the negligence of the providers or otherwise, to the fullest extent permitted by law; and,
8. I have read this release of liability and fully understand that these program activities have inherent risks involved, and I am fully aware of the nature of these risks, but waive rights, claims, cause of action, etc. as heretofore enumerated, and do hereby assume the risk and sign it freely and voluntarily without any inducement.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

(Insert electronic signature or print, sign and return by email)

## Release of ONLINE Liability Waiver, YAA

In consideration of being allowed to participate in any way in The Yoga Association of Alberta's (YAA) programs, related events and activities, I acknowledge, appreciate, and agree that:

1. I fully understand that I am participating in unsupervised, guided, ONLINE classes at my own risk. The risks of injury from the activities involved in ONLINE programs are possible, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of injury and illness do exist; and,
2. I believe that I am in reasonable physical condition and I shall inform the instructors of any medical or psychological conditions, injuries, or limitations (including known or suspected pregnancy), both past and present that may affect my ability to participate in the programs; and,
3. I understand, accept and consent to reasonable verbal adjustments as deemed necessary by the instructor. I agree to follow instructions carefully and to immediately stop any activity that causes me any unacceptable discomfort, emotional distress or pain, even if I am instructed to do so by the instructor. I will report this to the instructor immediately; and,
4. I knowingly and freely assume all physical and legal risks, both known and unknown, even if arising from the negligence of The Yoga Association of Alberta, providers, or others, and assume full responsibility for my participation; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and indemnify The Yoga Association of Alberta, their officers, directors, officials, agents, members, instructors, assistants, and/or employees, staff, other participants, contractors, sponsoring agencies, sponsors, advertisers, (collectively referred to as "Providers") with respect to any and all injury (physical, emotional or mental), illness, disability, death or loss or damage to person or property, whether arising from the negligence of the providers or otherwise, to the fullest extent permitted by law; and,
6. I have read this release of liability and fully understand that these program activities have inherent risks involved, and I am fully aware of the nature of these risks, but waive rights, claims, cause of action, etc. as heretofore enumerated, and do hereby assume the risk and sign it freely and voluntarily without any inducement.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

(Insert electronic signature or print, sign and return by email)