

**SAT NAM SCHOOL OF YOGA**  
AT  
MOTHER DIVINE FOUNDATION

**240 H KUNDALINI YOGA TEACHER  
TRAINING CERTIFICATION PROGRAM**

**APPLICATION**

Congratulations!

You're taking the first step in a potentially life-changing journey to be a Kundalini Yoga teacher.

Whether you intend to use the knowledge you gain during program to be a Kundalini Yoga teacher or are interested in deepening your yogic experience, or both, this program will give you the foundation for a lifelong yoga and meditation practice and essential information to better understand the incredible technology of Kundalini Yoga.

As you may have already experienced, this technology can give you the ability to better meet the challenges of the times. You can uplift your spirit and raise your consciousness.

As a teacher, you are empowered to help others do the same.

## FORMS & PAYMENTS

- **Deposit Payment:** To make your \$500 deposit, visit [our website](#) or send via Venmo to [gitanjali@motherdivinefoundation.org](mailto:gitanjali@motherdivinefoundation.org).
- **Registration & Release Form (Form 1)** – Please fill this out completely, sign it and return it via email or postal service.
- **Certification Requirements Form (Form 2)** – This sets forth all the requirements that you must complete to obtain your certification from Yoga Alliance as a Certified Kundalini Yoga Teacher. Please fill this out completely, sign it and return it along with your Registration & Release Form.
- **Information Sheet (Form 3)** – This gives you the information you need to remind you of all the dates that we meet as well as other information about the course. This is for you to keep.
- **Tuition Payment:** Please fill out the payment plan agreement and submit payment details.
- **COVID-19 Liability Waiver and Assumption of Risk:** please read and sign

If you have any questions or would like more information, please call Gitanjali at 845-866-3063 or email [gitanjali@motherdivinefoundation.org](mailto:gitanjali@motherdivinefoundation.org)

# FORM 1

## Teacher Training Registration and Release Agreement

Name of Licensee/Location:

Sat Nam School of Yoga, Gitanjali Kaur aka Marilyn Valant,  
Hurleyville, NY USA

Registrant's Legal Name: \_\_\_\_\_

Registrant's Spiritual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country \_\_\_\_\_

Postal Code/Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Release, Waiver, and Indemnity

I am aware that the Kundalini Yoga as taught by Gitanjali Kaur (Marilyn Valant) during Teacher Training Program in which I am hereby registering, exists to serve me by sharing knowledge of Kundalini Yoga and health. I recognize that yoga is physically and mentally challenging and may cause physical injury and intense psychological or emotional experiences and side effects. I am fully aware of and assume the risks and hazards involved. I understand that it is my responsibility to consult with my healthcare providers prior to my participation in the Teacher Training Program regarding any specific medical, emotional, or psychological issues or concerns. I acknowledge that I am fully responsible for my self-care both during and after participating in the Teacher Training program. I represent and warrant that I am physically fit, and I have no physical, mental, or psychological condition or illness that would prevent my full participation in the Program or increase my risks of negative mental or physical health outcomes.

In consideration of being permitted to participate in the Program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the Teacher Training Program. I freely and voluntarily choose to participate in the program.

I hereby agree to indemnify, defend, and hold harmless the Teacher Training Program; Sat Nam School of Yoga; Mother Divine Foundation; Marilyn Valant AKA Gitanjali Kaur, her affiliates, subsidiaries, and related entities; and their officers, directors, employees, agents, or volunteers (collectively, the “Indemnified Parties”) from and against all lawsuits, claims, actions, demands, proceedings, liabilities, damages, judgments, settlements, costs, and expenses, including reasonable attorney’s fees, now or hereafter known or arising in any jurisdiction in the world, attributable or relating in any manner to my participation in the Teacher Training Program.

On behalf of myself, my heirs, assigns, and legal representatives, I hereby forever release, waive, discharge, and covenant not to sue or make any claims of any kind whatsoever against the Teacher Training Program, the Indemnified Parties, or their heirs or assigns for any damage, loss, or injury, including but not limited to damage, loss, or injury of a financial, personal, emotional, psychological, or medical nature, or otherwise, or death, sustained or caused by reason of or arising out of my participation in the Teacher Training Program.

**I hereby acknowledge that I have read, fully understand, and agree to each of the foregoing provisions of this agreement. I understand that I have given up**

**substantial rights by signing this agreement. I enter into this agreement freely and voluntarily. I declare that my registration information provided above is true and correct.**

Signature (Legal Name):

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

## FORM 2

# THE SAT NAM SCHOOL of YOGA CERTIFICATION REQUIREMENTS FORM

**To be signed by Lead Teacher when the student certifies:**

*Please check each box to indicate student has fulfilled all requirements.*

Attended (or successfully made up) all Teacher Training classes – minimum **180** classroom instruction hours.

- Received a passing grade of \_\_\_\_\_ on the exam(s).
- Completed 20 Kundalini Yoga Classes during or after the completion of Teacher Training.

*(Each class must be a minimum of 1 hour each)*

- Performed satisfactorily in the student practicum.
- Created four acceptable yoga course curricula.
- Completed the assigned 40-day yoga set/meditation (*11-minute minimum*).
- Participated in at least two full morning Aquarian Sadhanas (*2.5 hours each*)
- An intensive day or days of group meditation such as Heal meditation workshop, or a Rebirthing workshop.
- \_\_\_\_\_  
\_\_\_\_\_

*(Additional reasonable certification requirement(s) set by the Lead Trainer)*

- Read, understood, and signed: ***The Code of Ethics and Professional Standards of a Kundalini Yoga Teacher.***

**I recommend this trainee be certified Instructor of  
Kundalini Yoga.**

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**SIGNATURE Lead Teacher**

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**PRINT Name of Lead Trainer**

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**Today's Date**

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**Course Location (City, State, Country)**

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**To be read and signed by the student before the program begins:**

I, the undersigned, agree to the following:

1. The Sat Nam School Of Yoga team reserve the right to grant the 240-hour Kundalini Yoga Teacher certification based solely on their discretion and evaluation of each student's readiness to be a Kundalini Yoga Instructor. This evaluation is based on successfully meeting the program requirements including, but not limited to those listed in this document.
2. I understand that I am strongly encouraged to submit my certification requirements within 6 weeks after the end date of the course. All requirements must be completed and submitted **no later than 12 months after the conclusion of the program**. If for any reason I do not complete the requirements for the course within this timeframe, I will not be certified.



\_\_\_\_\_ Signature (Legal Name)

\_\_\_\_\_ PRINT (Legal Name)

\_\_\_\_\_ Date

\_\_\_\_\_ PRINT (Spiritual Name)

*240 Hour Teacher Training Certification Requirements*



# Sat Nam Kundalini Yoga Teacher Training Certification Program Information 2022

**Course outline:** This is a 240-hour course. Your course fee includes in-class instruction, zoom sessions, a practicum teaching evaluation and examination and course materials.

Homework for the course includes reading assignments, written assignments, 4 early morning Aquarian Sadhanas, several 40-day personal Sadhanas and independent study.

**Saturdays 8:30am-6:30 pm (In Person)**

**Sundays 8am to 6 pm (In Person)**

**Wednesdays 5 pm to 7 pm (Online Only) Zoom**

The hours for the weekend TT sessions may change, depending on needs of our TT group (Depending who signs up, if most people are local or commuting long distance).

Saturdays and Sundays will be held in person Covid regulations allowing.

**You are required to take one intensive Kundalini Yoga Meditation course. This is not included in your tuition. More details will be provided during the course.**

**20 Kundalini Yoga Classes:**

You are required to take 20 Kundalini Yoga classes outside of the teacher training course hours. These 20 classes are NOT included in your tuition.

**Course Materials:** Training Manuals. These are included in your tuition.  
Location: 333 Mount Cliff Rd, Hurleyville, New York, 12747, USA

**Refunds: \$500** non-refundable registration fee for any payment method. There are no refunds after the course begins.

# **SAT NAM SCHOOL OF YOGA AT MOTHER DIVINE FOUNDATION**

## **TUITION PAYMENTS**

A deposit of \$500 or full payment is required by **March 31, 2022** to reserve your space and to order your course materials (books are included in your tuition). Filling out the registration form without submitting the \$500 deposit does not reserve your spot.

### **WE OFFER THE FOLLOWING PAYMENT OPTIONS:**

- **OPTION 1:** EARLY BIRD Savings tuition \$2,500 paid prior to March 1
- **OPTION 2:** \$2,600 Paid in Full prior April 15, 2022
- **OPTION 3:** \$2,700 Installment Plan - Pay \$500 deposit fee to lock this price prior March 1 and 4 payments of \$550 on April 1, May 1, June 1, and July 1, 2022.

## **PAYMENT PLAN AGREEMENT**

### **PURCHASER INFORMATON**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# PAYMENT PLAN TERMS

Total Tuition Price

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Number of Payments Amount of Each Payment

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Monthly Payment Date (from sale date)

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Final Payment Date

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Late fee **1.5% per month starting when the invoice is 30 days overdue.**

This Payment Plan Agreement (“Agreement”) is between Purchaser and The Sat Nam School of Yoga. Purchaser has purchased an installment contract from The Secrets of Yoga.com, Inc that is issued through credit card. This Agreement is made to enable Purchaser to pay the Contract pursuant to an installment payment program.

## Authorization for Credit Card Payment

The Balance of the tuition price may be paid by Purchaser through, and Purchaser hereby authorizes his credit card to process, the applicable number of consecutive monthly charges using Purchaser’s credit card account listed below, in the amounts and on the dates disclosed under the Payment Plan Terms, until such time as the Balance of the tuition, together with the applicable charges described are fully paid.

XXXX --XXX --XXXX -- XX/XX \_\_\_\_\_ Credit  
Card Number Expiration Date (MM/YY) Type of Card (MC, Visa, AMEX, Discover)  
and CVV\_\_\_\_\_

*I authorize charges to my credit card account for payment of the Balance of Sales Price together with all Applicable Charges in accordance with this Agreement. By signing below, I agree I have had the opportunity to review, accept, and correct any errors contained in this Agreement.*

\_\_\_\_\_ PURCHASER SIGNATURE

\_\_\_\_\_ PURCHASER PRINTED NAME

\_\_\_\_\_ DATE

This Agreement sets forth the terms and conditions of the payment plan authorized by Purchaser by electronic means.

# SAT NAM SCHOOL OF YOGA AT MOTHER DIVINE FOUNDATION

## COVID-19 Liability Waiver and Assumption of Risk

In consideration of being allowed to participate in The Yoga Kundalini Teacher Training or being on premises of Sat Nam Yoga Spa, the below signed participant agrees as follows:

1. I am aware that the novel coronavirus (“COVID-19”) is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact.
2. I am familiar with the Center for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing day-to-day, and that the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates, and making informed choices to take precautionary measures to protect myself and others.
3. In addition to the CDC guidelines, I agree to abide by any and all policies.
4. By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 at the Teacher Training program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the training may result from the actions, omissions, or negligence of myself and others.
5. I agree that, in the event that I suspect I became exposed to or infected by COVID-19 at the training and I elect to seek testing and/or treatment as a result thereof, I will be responsible for payment of any and all medical services and testing services.
6. I voluntarily choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my presence at the Teacher Training program. I hereby release and hold harmless the Teacher Training program employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney’s fees and disbursements) for injury, illness, permanent disability, or death related to COVID-19 arising from my presence at the Teacher Training EVEN IF ARISING FROM THE NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_