



APPLICATION INSTRUCTIONS

The Epídavros Teacher Training programs includes a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

In order to process your application, we need you to send your completed application no later than one week prior to the program start date. Be advised: Enrollment is limited, so we recommend that you submit your application as soon as you are able. We may accept last minute applications only if there is space left for another student.

Application Checklist:

- Primary Application
- Payment Information & Program Participation Agreement
- Recommendation Form - The recommendation form can be approved by either a teacher you are currently studying with, or by the program trainer on the day of the free master class/info session.

*** To reserve your place in the training, you must submit the completed application along with a minimum \$500 deposit.**

You may submit your application in any of the following ways:

1. E-mail: info@epidavrosonline.com
2. Mail your application to Epidavros at 223 E. Powell Blvd., Gresham, OR 97030
3. Drop your application off at the front desk in a sealed envelop, labeled "Yoga Training Application"

Personal Information

Name _____ Date _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell _____

Email _____ Occupation _____

Emergency Contact:

Name _____ Phone _____

Relationship _____



Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please include a second sheet if necessary. Based on your specific history, we may schedule a follow-up interview before accepting you in the program.

- How would you evaluate your current health:
 - Excellent
 - Good
 - Fair
 - Some challenges (briefly describe) _____
- Please let us know if you have any injuries that may affect your ability to fully participate in the training.

- Please list any medical conditions that may affect your ability to fully participate in the training.

- Have you had any surgeries in the last year? If the answer is yes, please explain.

- Is there anything else we should know about your medical history?

Safety is of utmost importance to us. It will be at the discretion of your trainer to ask you to stop participating and/or leave if she feels you are unable to participate safely.

About You

To better serve you, it is important that we have a general idea of your yoga practice and history. Please be as honest and clear as you are able. Do not fear answering NO.

- How long have you been practicing yoga? _____
- How many days per week do you practice yoga? _____
- What style of yoga do you usually practice? _____
- At which yoga studios do you currently practice? _____
- Do you have a home practice? YES _____ NO _____
- Who have been your primary teachers, both past and present?

- Do you practice meditation and/or pranayama? YES _____ NO _____
- What area of yoga challenges you the most? (Please specify)

- Do you practice inversions? YES _____ NO _____



10. Do you practice Surya Namaskar (Sun Salutations)? YES _____ NO _____
11. Do you practice chaturanga dandasana? YES _____ NO _____
12. Is this your first training? YES _____ NO _____
If no, please list prior trainings: _____
13. Are you currently teaching yoga? YES _____ NO _____
If yes, for how many years have you been teaching and where are you currently teaching?

14. In your opinion, what qualities embody a good yoga teacher? Why?
15. Why do you want to take Epídavros Yoga Training Program?



16. What are your expectations for this training? What do you hope to achieve at the completion of the program?

Payment Information

A \$500 non-refundable deposit is due with your application. Full payment is required no later than the start of the program. Your payment is due in full by the early registration date in order to receive the discounted rates.

I am paying by check. Please mail the check with your application to the appropriate address on the Application Instruction sheet. **Include driver's license number, state and expiration date on the front of your check, payable to Epíдавros.*

I am paying by credit or debit card. MasterCard _____ Visa _____ American Express _____
Credit Card # _____ Expiration Date _____
CVV# _____
Name as it appears on the card: _____

Is your billing information the same as your mailing address?

Yes
 No. My billing address is: _____
City _____ State _____ Zip _____

I hereby authorize the above payment of \$ _____ **On** Today **Initial** _____

I hereby authorize the final payment of \$ _____ **On** _____ **Initial** _____

I understand that if I fulfill all the requirements of the Epíдавros Teacher Training, including in-class hours, homework, quizzes and passing both the written and in-class final exams, I will receive a letter of completion, which can be submitted to Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour teacher training program. Paying for the program and completing the hours alone does not mean I will pass the program.

I understand that Epíдавros reserves the right to ask me to leave the program if I am found to be plagiarizing, if my behavior is unethical, inappropriate, disruptive, or violates the Yoga Alliance Ethical Guidelines. Under such circumstances, I understand that I will not be refunded my tuition.

I understand that Epíдавros reserves the right at any time to ask me to leave the training if it seems as if my health or physical practice are not at the level to fully participate in the training. Under such circumstances, I understand that I will be given a prorated refund, based on the amount of time I have attended the training.

I understand that if I cancel 14 days or more prior to the start of the training, my deposit may be transferred toward a future Epíдавros Teacher Training and will be refunded my remaining balance. If I cancel within less than 14 days before the start of the training, I will forfeit my \$500 deposit but my remaining balance will be refunded. On the rare occasion that the Epíдавros training is cancelled, Epíдавros will refund you entirely. Epíдавros is not responsible for any travel costs that you incur to participate in the training. Once the program begins, tuition is nonrefundable and non-transferable.

I have read and accept the above terms and requirements: YES _____ **NO** _____



RECOMMENDATION FORM

Please fill out the Applicant Information section and submit form to a teacher with whom you have studied and who can attest to your experience practicing yoga. **You can also have this form signed off by the trainer at our Free Master Class/Information Session.**

Applicant Name: _____

Recommending Teacher Information

To the recommending Teacher: The candidate above is applying for the Epídavros 200-hour Teacher Training Program, which includes a vigorous two-hour asana practice.

Recommending Teacher's Name _____
Teacher's Phone Number _____
Teacher's Email _____

Is this student consistent in his/her practice?	YES _____	NO _____
Can this student straighten their arms in Downward Facing Dog?	YES _____	NO _____
Does this student practice inversions?	YES _____	NO _____
Does this student practice arm balances?	YES _____	NO _____

1. **Briefly describe how long and in what capacity have you know the applicant?**

2. **Briefly describe if you would recommend this applicant for Epídavros Teacher Training Program? Why or why not?**

3. Please indicate your overall endorsement of the applicant.

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommend

Recommending Teacher's Signature: _____

Date: _____



ASSUMPTION OF RISK, HEALTH WARRANTY, AND RELEASE AND WAIVER OF LIABILITY

I understand that yoga is an individual experience and that I should progress at my own pace while participating in the portions of the Epídavros 200-Hour Teacher Training Program that require my physical activity. If at any point I feel that I am becoming over fatigued or exhausted, I will rest before continuing Yoga or any other exercise; I will respect my own body's limitations.

I acknowledge that participation in the Epídavros 200-Hour Teacher Training Program naturally involves the risk of injury to me. I further acknowledge that specific risks include injuries resulting from physical adjustment, over-exertion, failure to follow trainer instructions, improper or negligent use of equipment, or injuries resulting from participation in an inappropriate level of physical exercise. As such, I understand and voluntarily accept these risks.

I represent that I am in good health, at least 18 years of age, have the necessary current medical approval to engage in yoga instructional classes and physical exercise and teacher training and have no disability, injury, impairment, ailment or disease which would cause adverse health consequences or risk of injury as a result of engaging in physical exercise and teacher training and yoga instructional classes. I acknowledge that the facility where I am taking my training is relying on this representation and I understand that the facility where I am taking my training will not investigate or certify my health or my fitness to participate in teacher training and physical exercise and yoga instructional classes.

RELEASE AND WAIVER OF LIABILITY: In consideration for my participation in Epídavros 200-Hour Teacher Training Program, I, individually, and on behalf of my relatives, legal representatives, and assigns, agree not to sue and hereby agree to defend, indemnify, release and hold harmless the facility where I am taking my training and each of their respective shareholders, owners, officers, directors, members, employees, contractors and agents, and the owner of the facilities (the "Facilities") where the 200-Hour Teacher Training Program occurs (collectively, the "Releasees") from all actions, claims, demands, suits, losses, liabilities, charges, expenses (including, without limitation, attorneys' fees), and costs of any nature whatsoever which may arise out of, relate to, or result from, any injury, economic loss or any damage to me or my guest or relatives resulting from my participation in yoga instructional classes and physical exercise and teacher training at the Facilities, entry to or use of the equipment, facilities or services at the Facilities, the negligence of the facility where I am taking my training, anyone at the facility where I am taking my training or anyone using the Facilities or Epídavros equipment, facilities or services, except such as may arise out of the gross negligence or willful misconduct of the Releasees. This release and waiver of liability (this "Release") is intended to be a complete release of any responsibility for personal injuries and/or property loss/damage sustained by me while at the Facilities, whether using exercise equipment, participating in active or passive exercise, or not. I understand that this Release is intended to be as broad and inclusive as is permitted by the laws of the jurisdiction applicable to the facility where I am taking my training and that if any portion of this Release is held invalid, I agree that the balance of this Release should continue in full force and effect.

Signed Name: _____ Dated: _____

Printed Name: _____