



300 Hour Yoga Teacher Training APPLICATION

Date: _____
Name: _____
Address: _____
Cell Phone: _____
Email: _____
Emergency Contact (Name/Phone): _____

How long have you been practicing yoga? _____
List primary teachers or formal training: _____

Where and when did you complete your 200 Hour YTT? (Date/Location):

Are you currently teaching yoga? List locations and times.

I understand that yoga is a physical activity. I affirm that I alone am responsible to decide whether to practice yoga. By signing below, I agree that I am participating in this yoga class and/or training at my own risk, and I fully accept responsibility should any injury occur. By signing below, I further agree to irrevocably release and waive any claims included but not limited to personal injury that I have now or hereafter may have against Green Tara Yoga, Mary Veal, and any guest faculty teachers.

Signature/Date

Please attach your YTT 200 certificate and proof of Covid 19 vaccination.