



200 Hour Yoga Teacher Training APPLICATION

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

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

Have you done another 200 hour program? (Date/Location):

Why do you want to do a yoga teacher training?

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, Holly Briscoe and any guest faculty teachers.

Signature/Date