



REGISTRATION FORM
2016 KRIYA YOGA SILENT MEDITATION RETREAT
HARIHARANANDA DHYANA KUTIR, AMARAKANTAK, INDIA

Print Name: _____ (Only one registrant per form)

Date of Birth: _____ Male / Female _____ Marital Status: _____

Occupation: _____

Address: _____

Telephone: _____ Cell phone: _____

E-mail: _____

Emergency Contact (name and contact information): _____

Health record of past ten years (Please list any specific health conditions): _____

Date of Initiation into First Kriya Yoga: _____ (mm/dd/year)

Initiated by Whom and Where: _____

Date initiated into Second Kriya in Paramahansa Hariharananda's lineage (specify parts received):

_____ (mm/dd/year) Initiated by: _____

_____ (mm/dd/year) Initiated by: _____

Describe your regular yoga or meditation practices: _____

I would like to register for the entire retreat at Amarakantak Ashram from March 12 to March 26 and will pay the fee of \$1,250.00 USD to Kriya Yoga Institute, 24757 SW 167 Ave., Homestead, FL, USA 33031. The retreat fee includes attending classes, simple accommodation and vegetarian meals at the ashram. It does not cover airfare or transportation costs to and from the Amarakantak Ashram before, during, and after the retreat. Arrival at the ashram should be by March 11, 2016 and departure is March 27, 2016.

By signing below I agree that I will abide by the code of conduct of Kriya Yoga Institute and Prajnana Mission and will not hold Kriya Yoga Institute and Prajnana Mission, liable for any injuries, illness, or losses that may occur during my attendance, or use of the Kriya Yoga Institute and Prajnana Mission facilities.

I agree that Kriya Yoga Institute and Prajnana Mission and its agents, staff, employees, and instructors shall not be liable for any injuries or any damages to any registrant or guest, or be the subject to any claim, demand, injury or damages, whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of Kriya Yoga Institute and Prajnana Mission, its officers, staff, employees or agents. Registrant does hereby expressly forever release and discharge Kriya Yoga Institute and Prajnana Mission from all such claims, demands, injuries, damages, actions or causes of action whatsoever. Registrant will at all times indemnify and hold harmless Kriya Yoga Institute and Prajnana Mission, its agents and licensees from and against any and all claims, damages, liabilities, costs and expenses, including but not limited to reasonable legal expenses arising out of my attendance, or use of the Kriya Yoga Institute and Prajnana Mission facilities. Registrant acknowledges that he/she has carefully read these paragraphs and fully understands that this is a waiver and release of liability.

Signature: _____ Date: _____