



**Mahasamadhi Seminar - Kriya Yoga Institute, Homestead, FL**  
**Saturday - November 29, 2014 to Wednesday - December 3, 2014**  
**Registration Form**

The Mother Center lovingly invites you to the five day Mahasamadhi Seminar at Kriya Yoga Institute in Homestead, Florida. The event starts at 5:30am on Saturday, November 29 and ends at 9.00pm on Wednesday, December 3.

Please fill out the registration form below (check all boxes that apply) and return the entire page with your payment. Please make photocopies of this form for more than one registrant.

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

Initiated into Paramahansa Hariharananda's lineage on: \_\_\_\_\_ by: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_/\_\_\_\_\_

☐ I would like to register for Mahasamadhi Seminar and will be staying at the ashram. Enclosed is a check/money order for \$40.00 per day (includes program, meals, and accommodation) made payable to the Kriya Yoga Institute.

☐ I would like to register for Mahasamadhi Seminar and will arrange my own accommodation at a local hotel or off-site. Enclosed is a check/money order for \$15.00 per day for meals (*plus any donation is graciously accepted in lieu of program fee*), for the days that I will attend, made payable to the Kriya Yoga Institute.

I will participate on the following days (please circle):

**Saturday      Sunday      Monday      Tuesday      Wednesday**

I will arrive on \_\_\_\_\_ at \_\_\_\_\_ am/pm and depart on \_\_\_\_\_ at \_\_\_\_\_ am/pm.

Please send the form to: Kriya Yoga Institute, Fall Retreat 2013, P.O. Box 924615, Homestead, FL 33092-4615.

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

*I agree that Kriya Yoga Institute 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, its officers, staff, employees or agents. Registrant does hereby expressly forever release and discharge Kriya Yoga Institute from all such claims, demands, injuries, damages, actions or causes of action whatsoever. Registrant acknowledges that he/she has carefully read this paragraph and fully understands that this is a waiver and release of liability.*

*Registrant will at all times indemnify and hold harmless Kriya Yoga Institute, 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 facilities.*

Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ (Only one registrant per form)