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

*(All the Date Fields in this form are of the format **dd-mmm-yyyy**)*

Personal Details:

First Name:	Date of Birth:
Middle Name:	Gender:
Last Name:	Marital Status:
Occupation:	

Contact Details:

Mailing Address:

Primary Phone:	Phone Type
Secondary Phone:	Phone Type
Email:	

Emergency Contact:

Name and Type of Relationship :

Phone:

Email:

Kriya Yoga Initiation Details:

	Date	Place	Teacher's Name
First Kriya Initiation			
Second Kriya Part1&2			
Second Kriya Part3			
Second Kriya Part4			
Higher Kriyas			

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

Describe your regular yoga or meditation practices:

Additional Information/ Comments:

Passport Details (the passport on which you would travel)

Name as it appears on passport:

Nationality:

Passport Number:

Place of Issue:

Date of Issue:

Date of Expiry:

(Once your travel arrangements are finalized, we would send you another form to submit more information)

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:

Important: If you are unable to sign the form digitally, please print a copy and sign manually. Then either scan the form and send by email or send the printed copy by postal mail.

**** Please send the electronic form by email, even if you are not able to sign digitally.***