



**Fall Retreat - Kriya Yoga Institute, Homestead, FL**  
**Friday, 16 September 2016 to Thursday, 22 September 2016**  
**Registration Form**

The Mother Center lovingly invites you to the seven-day Fall Retreat at Kriya Yoga Institute in Homestead, Florida. The event starts at 5:30am on Friday, 16 September 2016 and ends at 9.00pm on Thursday, 22 September 2016.

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 the full 7-day Fall Retreat (September 16 – 22) in Homestead, FL and will be staying at the ashram. I am sending a check / money order for \$455 (includes meals, accommodation, and program.)
- I will arrange my own accommodation at a local hotel or off-site. Enclosed is a check/money order for \$50.00 per day (includes program and meals only), made payable to the Kriya Yoga Institute. I will participate on the following days (please circle):

**Friday   Saturday   Sunday   Monday   Tuesday   Wednesday   Thursday**

I will arrive on \_\_\_\_\_ at \_\_\_\_\_ am/pm and depart on \_\_\_\_\_ at \_\_\_\_\_ am/pm. In the event of cancellation there will be a \$100.00 non-refundable deposit.

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)