

# Temple of Compassion Inauguration Program Registration Form

**Sept 23 through Sept 25 or 26, 2016 \* Brenham, Texas**

The three or four day special event will begin at 3:30pm on Friday, Sept 23<sup>rd</sup> and conclude at 6:30pm on Sunday, Sept 25<sup>th</sup>, 2016. Due to the late start on Friday, we're welcoming and encouraging you to stay through Monday, Sept 26<sup>th</sup> to enjoy more meditation, contemplation, seva, and divine company.

**Please make photocopies of this form for more than one registrant.**

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

**Initiated into Paramahansa Hariharananda's lineage-date:** \_\_\_\_\_

**Initiated by:** \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

- ☐ I would like to register for the special event and stay in a tent or RV on the ashram grounds. I understand that other accommodations at the ashram are full.
- ☐ I would like to register for the special event and I will arrange accommodation off-site.  
***Note: book now, as there is another major event going on, and hotel rooms are limited.  
We have blocked some rooms at America's Best Value Inn in Brenham.***
- ☐ I understand that this program is by donation. I would like to donate \$ \_\_\_\_\_  
(Please make checks payable to Kriya Yoga Institute.)

**Anticipated Arrival Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am / pm

**Anticipated Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am / pm

## **Please mail this form to:**

Inauguration Program, Temple of Compassion, 12200 FM 389, Burton, TX 77835

*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, Temple of Compassion 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 attendance or use of the Kriya Yoga Institute facilities.*

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

**Print Name:** \_\_\_\_\_ (only one registrant per form)