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**Fall Retreat & Foundation Day Seminar - Kriya Yoga Institute, Homestead, FL**  
**Saturday, September 16, 2017 to Friday September 22, 2017**  
**Registration Form**

The Fall Retreat & Foundation Day Seminar will begin at 5:30 a.m. on Saturday, September 16, 2017 and conclude at 9:30 p.m. Friday, September 22, 2017. Please fill out the 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 and Foundation Day Seminar (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.) \*\* Please note, the accommodations at the ashram are full for both men and women. Select this option only if you want to be in the waiting list. We will contact you if space opens up. Thank you.
- ☐ I would like to register for the Fall Retreat and Foundation Day Seminar and will arrange my own accommodation at a local hotel or off-site. Enclosed is a check/money order for \$50 per day (includes program and meals only), 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 Thursday Friday**

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: Fall Retreat and Foundation Day Seminar, 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)