KRI International Teacher Training 21 Stages of Meditation
Registration and Release Form

Name of KRI Licensee city/state/country:_____

Legal Name (print): _____
(Last) (First) (Middle)

Spiritual Name (print): _____
(Last) (First) (Middle)

Mailing Address: _____

City:_____ State/Country:_____ Zip Code:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ E-mail:_____

Release

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Program.

In consideration of being permitted to participate in the Program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Program.

I also give my permission to appear in photographs and videos that may take place during the course of the Program. This course cannot be recorded in any method by the participant.

I agree to indemnify and hold harmless the Program; KRI; Harbhajan Singh Khalsa Yogiji, a.k.a. Yogi Bhajan; YB Teachings, LLC; 3HO Foundation; Sikh Dharma; Humanology, Health Science Incorporated; and any affiliations and/or subordinate corporations not stated herein, their officers, directors, employees, agents, or volunteer staff from and against all claims, actions, demands, proceedings, liabilities, cost and expenses, including reasonable attorney's fees, which they may have ascertained against or incurred by them arising as a result of my participation in the Program .

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue or make any claims of any kind whatsoever against the Program or any of the aforementioned parties for any injury, property damage/loss, or death caused by their negligence or other acts.

The Undersigned agrees that they have read, understand, and agree to all the Release information stated herein and that all the Registration information provided is correct to the best of their knowledge:

Signature (Legal Name):_____ Date:_____