The Aquarian Teacher™
KRI International Teacher Training Certification Level I
Registration and Release Form

Name of KRI Licensee/ City/State:_____(the "Program")

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

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

Mailing Address: _____

City:_____ State:_____ Country_____

Postal Code/Zip Code_____ Date of Birth: _____

Home Phone:_____ Work Phone:_____

Cellular Phone:_____ E-mail:_____

Release

I am aware that the Kundalini Yoga Teacher Training Program is here to serve me by sharing knowledge of Kundalini Yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Program. 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 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 the their knowledge:

Signature (Legal Name):_____ Date:_____