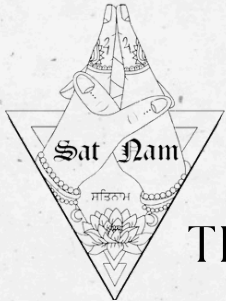


KUNDALINI YOGA 200 HR

TEACHER TRAINING



DISCOVER THE TEACHER WITHIN

THE KUNDALINI YOGA & SOUND ACADEMY

REGISTRATION AND RELEASE FORM

200 HOUR KUNDALINI YOGA TEACHER TRAINING

REGISTRANT INFORMATION

LEGAL NAME:

(FIRST (MIDDLE) (LAST)

SPIRITUAL NAME:

(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS:

CITY:

STATE:

COUNTRY:

POSTAL CODE/ZIP CODE:

DATE OF BIRTH:

PHONE:

E-MAIL:

RELEASE AND ASSUMPTION OF RISK

I am aware that the Kundalini Yoga & Sound Academy Yoga Teacher Training Program is here to serve me by sharing knowledge of yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved, including but not limited to physical injury, emotional stress, and mental challenges. 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 have no medical condition that would prevent my full participation in the Program. The Teacher Training team reserves the right to grant certification based solely on their discretion and evaluation of each student's readiness to be a yoga instructor.

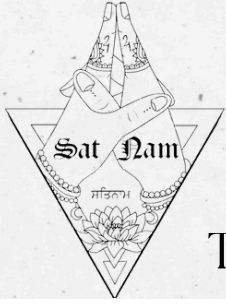
In consideration of being permitted to participate in the Program, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the Program.

Signature (Legal Name):

Date: _____

KUNDALINI YOGA 200 HR

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INDEMNIFICATION

I agree to indemnify and hold harmless the Program, Kundalini Yoga & Sound Academy founder, their trainers, directors, employees, agents, or volunteer staff from and against all claims, actions, demands, proceedings, liabilities, costs, and expenses, including reasonable attorney's fees, arising as a result of my participation in the Program. I understand that I must complete all Level One requirements no later than one year from the end of the program in order to certify.

CERTIFICATION SCOPE

I understand that it is only once I have successfully graduated, will I be certified as a yoga instructor allowing me to teach Kundalini Yoga.

MEDICAL DISCLAIMER

I acknowledge that the Program is not a substitute for medical advice or treatment. I agree to consult with a qualified healthcare professional regarding any medical conditions or concerns before participating in the Program.

GOVERNING LAW AND SEVERABILITY

This agreement shall be governed by and construed in accordance with the laws of the State/Country where the training is being held. If any provision of this agreement is found to be unenforceable, the remaining provisions shall remain in full force and effect.

RELEASE OF CLAIMS

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: