

The Aquarian Teacher™ KRI Level One Registration and Release Form

Name of Licensee/Location: _____ (the "Program")

Registrant's Legal Name: _____
(Last) (First) (Middle)

Registrant's Spiritual Name: _____
(Last) (First) (Middle)

Mailing Address: _____

City: _____ State: _____ Country: _____

Postal Code/Zip Code: _____ Date of Birth: _____

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. KRI and the Teacher Training team reserve the right to grant KRI Level One certification based solely on their discretion and evaluation of each student's readiness to be a Kundalini 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.

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 understand that **I must complete all the Level One requirements no later than one year from the end of the program in order to certify.**

I understand that this program, once completed successfully, will certify me as Kundalini Yoga instructor allowing me to teach Yoga classes and short workshops. It will not allow me to teach a Level One 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: _____