



Holy Days Seminar - Kriya Yoga Institute, Homestead, FL Monday, December 24, 2012 to Tuesday, December 25, 2012 Registration Form

The Holy Days Seminar will begin at 5.30am on Monday, December 24, 2012 and conclude at 9.30 p.m. Tuesday, December 25, 2012. 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 Holy Days Seminar in Homestead and will be staying at the ashram. Enclosed is a check/money order for \$50.00 per day (includes program, meals, and accommodation) made payable to the Kriya Yoga Institute.

I would like to register for the Holy Days Seminar in Homestead, FL and will arrange my own accommodation at a local hotel or off-site. Enclosed is a check/money order for \$40.00 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):

Monday **Tuesday**

I will arrive on _____ at _____ am/pm and depart on _____ at _____ am/pm.

In the event of cancellation there will be a \$25.00 non-refundable deposit.

Please send the form to: Holy Days 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)