

The Aquarian Teacher™

KRI Level One Registration and Release Agreement

Name of Licensee / Location: _____

Registrant's Legal Name: _____

Registrant's Spiritual Name (optional): _____

Mailing Address: _____

City: _____ State: _____ Country _____

Postal Code/Zip Code _____ Date of Birth: _____

Phone: _____ E-mail: _____

Release, Waiver, and Indemnity

I am aware that the Kundalini Yoga as taught by Yogi Bhanjan® Teacher Training Program in which I am hereby registering (the "Program") exists to serve me by sharing knowledge of Kundalini Yoga and health. I recognize that yoga is physically and mentally challenging and may cause physical injury and intense psychological or emotional experiences and side effects. I am fully aware of and assume the risks and hazards involved. I understand that it is my responsibility to consult with my healthcare providers prior to my participation in the Program regarding any specific medical, emotional, or psychological issues or concerns. I acknowledge that I am fully responsible for my self-care both during and after participating in the Program. I represent and warrant that I am physically fit and I have no physical, mental, or psychological condition or illness that would prevent my full participation in the Program or increase my risks of negative mental or physical health outcomes.

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 freely and voluntarily choose to participate in the program.

I hereby agree to indemnify, defend, and hold harmless the Program; Kundalini Research Institute; Harbhajan Singh Khalsa Yogiji, a.k.a. Yogi Bhanjan; YB Teachings, LLC; 3HO Foundation; Sikh Dharma International; Humanology & Health Science Inc.; Siri Singh Sahib Corporation; their affiliates, subsidiaries, and related entities; and their officers, directors, employees, agents, or volunteers (collectively, the "Indemnified Parties") from and against all lawsuits, claims, actions, demands, proceedings, liabilities, damages, judgments, settlements, costs, and expenses, including reasonable attorney's fees, now or hereafter known or arising in any jurisdiction in the world, attributable or relating in any manner to my participation in the Program.

On behalf of myself, my heirs, assigns, and legal representatives, I hereby forever release, waive, discharge, and covenant not to sue or make any claims of any kind whatsoever against the Program, the Indemnified Parties, or their heirs or assigns for any damage, loss, or injury, including but not limited to damage, loss, or injury of a financial, personal, emotional, psychological, or medical nature, or otherwise, or death, sustained or caused by reason of or arising out of my participation in the Program .

I hereby acknowledge that I have read, fully understand, and agree to each of the foregoing provisions of this agreement. I understand that I have given up substantial rights by signing this agreement. I enter into this agreement freely and voluntarily. I declare that my registration information provided above is true and correct.

By typing my name below, I am electronically signing this form and agree with the above.

Signature (Legal Name): _____ Date: _____