

APPLICATION FORM

Please fill in your details below and arrange a direct funds transfer to Ramadasa Australia. In no more than 500 words, express what drew you to Kundalini Yoga, what interests you and why you would like to complete the course.

NAME: _____ SPIRITUAL NAME: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

DATE OF BIRTH: _____ MALE / FEMALE

HAVE YOU ATTENDED KUNDALINI YOGA CLASSES? _____ APPROX. HOW MANY: _____

Email your application to: info@ramadasa.com.au OR post to Harjinder Kaur: 62 Serpentine Rd, Erina Heights, NSW 2260, Australia

Registration Deposit Payment: \$1,300 Deposit OR Full Fee

Direct Transfer

Account Name: Ramadasa Australia

Bank: Westpac | BSB: 032 102 | Account Number: 231009

Release:

I represent that I am physically fit and I have no medical condition that would prevent my full participation 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 my participation. I also give my permission to appear in photographs and videos that may take place during the course of the Program. I agree to indemnify and hold harmless the Program, KRI, YB Teachings, KYTANZ, 3HO Foundation, Ramadasa Australia, and any affiliations and any affiliates or subordinate corporations not stated herein, their officers, directors, employees, agents and volunteer staff from and against all claims, actions, demands, proceedings, liabilities, costs and expenses including reasonable attorney's fees which they may have ascertained against or incurred as a result of my participation in the program. I, my heirs, 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. I the Undersigned agree that I 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 my knowledge.

I agree to pictures from the training being publicly shared to inspire others to become a teacher of Kundalini Yoga.

Signature (Legal Name) _____ Date _____

Note: The Teacher Certification Program Level 1 training team reserves the right to refuse entry into the program and to possibly ask anyone to leave if they are not complying with the rules of the course or are found to be too disruptive to the rest of the group.