

# WHITE TANTRIC YOGA® Registration/Release

City \_\_\_\_\_ Date \_\_\_\_\_

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The person signing this Release further agrees and understands that nobody has made any warranties about the safety and protection of his or her person and possessions during participation by the undersigned in WHITE TANTRIC YOGA®. The person signing this Release voluntarily takes part in WHITE TANTRIC YOGA® at his or her own risk.

Signature \_\_\_\_\_

Date  /  /

Last Name

First Name

Spiritual Name

Mailing Address

City

State

Country

Zip Code

Phone

E-mail

Amount Paid

School Name (For Full-Time Students)

**Is this your first White Tantric Yoga Course?**

Yes \_\_\_ No \_\_\_

**Are you currently on the mail and e-mail lists for information about Tantric Yoga**

**White Tantric Yoga and other teachings of Yogi Bhajan?**

Yes \_\_\_ No \_\_\_

**If no, can we add your name?**

Yes \_\_\_ No \_\_\_

*You will receive the free Aquarian Times Magazine and 3HO community news, Kundalini Yoga Exercises and Meditations, Prosperity Technology, information on Women's Health and Consciousness, Sikh Dharma lifestyle, information about White Tantric Yoga® and special offers.*