

# WHITE TANTRIC YOGA® Registration/Release

City: LOS ANGELES, CA

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 and other teachings of Yogi Bhajan?** Yes\_\_\_ No\_\_\_

**If no, can we add your name?** Yes\_\_\_ No\_\_\_

**Are you a Kundalini Yoga Teacher** 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.*