



Legal Name: _____ **Spiritual Name (if any):** _____

Date of Birth (dd/mm/yyyy): _____ **Gender:** _____

Marital Status: _____ **Educational Qualification:** _____ **Blood Group:** _____

Address: «ADDRESS_» _____

E-mail address: _____ **Occupation:** _____

Phone No: _____ **Mobile No:** _____ **Emergency No:** _____

Any Dependents ? _____

Financial Obligations, if any: _____

Programs participated: _____

Are there any medical conditions or medications that that we need to be aware of:

Release of Liability, Waiver of Legal Rights and Assumption of Risk

I understand that I am a voluntary and willing participant of the Sannyas Program (the "Program"). I hereby certify that I am not suffering from any physical, mental, or psychological disorders or under the influence of any medicines or substances that would interfere with my ability to participate in the Program. I also state that I am physically and mentally capable of carrying out any instructions, yoga postures, kriyas, meditations, rituals, techniques, field trips, community service or other activities that are part of the Program.

I am aware that some of the Program's activities could cause serious injuries, including death, and I am voluntarily participating in these activities with the knowledge of the danger involved. I agree to assume complete liability and responsibility for any and all risks of bodily injury, death, all forms of mental distress, property losses or other damages, occurring as a result of or in connection with the Program, whether those risks are known or unknown.

On my own behalf, and on behalf of my heirs, personal representatives and assigns, I hereby agree to forever release, waive, discharge and covenant not to sue Dhyanapeeta Charitable Trust, Nithyananda Dhyanapeetam, Nithyananda University, Sri Nithyananda Swami ("Swamiji"), the Acharyas ("teachers"), staff, faculty, its volunteers and anyone else directly or indirectly involved in sponsoring, organizing, administrating, marketing, managing, or conducting the Program (collectively "Releasees") for any and all claims or demands arising out of any injury (including death), any form of mental distress, property loss, or other damages related to (i) my participation in the Program, including but not limited to injuries, losses or damages caused by the negligence or acts of the Releasees or others, or (ii) the condition of the premises in which the Program occurs, whether or not I am then participating in the Program.

I further agree to indemnify and hold harmless all Releasees from all claims, judgments, demands, or costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in the Program. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws, and that if any portion hereof is held invalid, the remainder shall continue in full force and effect.

I understand that all blessings, instructions, initiations, teachings and suggestions made as part of the Program (or as part of any complimentary segment of the Program, such as but not limited to live Akashic Readings) are purely in a spiritual/educational capacity and are not intended to be any sort of medical advice, guarantee or definitive statement about the past, present, or the future. I understand that in connection with the Program, the Releasees do not make any claims, promises, or guarantees about the individual or group outcome of the Program or its related services. My signature below affirms that I have read and understood the above waiver and release and that I voluntarily, freely and without duress agree to its terms, that I have the full right and authority to sign this form and that I am not a minor (unless my legal guardian signs this form below).

Signature: _____ **Date (dd/mm/yyyy)** _____

Signature of the Parent or Guardian: _____ **Date (dd/mm/yyyy)** _____

Consent and Release Regarding Recordings

By signing this form, I hereby grant to Dhyanapeeta Charitable Trust and anyone it designates the right to record me at any Dhyanapeeta Charitable Trust event, by any means and in any format and media ("**Recordings**"). (Recordings also include any testimonials I submit to Dhyanapeeta Charitable Trust.) Dhyanapeeta Charitable Trust will own the Recordings, and I agree that it may use them however it wants to, in whole or in part, anywhere in the world, and in any format and media. I understand that Dhyanapeeta Charitable Trust is not required to use the Recordings. I agree that Dhyanapeeta Charitable Trust may use my name, likeness, voice and biographical information in connection with the Recordings, and I release Dhyanapeeta Charitable Trust and its affiliates from any and all claims and causes of action that I may have now or in the future for defamation, invasion of privacy, or infringement of publicity or personality rights in connection with the Recordings. I represent that (a) I have the full right and authority to sign this form, (b) I am not a minor (unless my legal guardian signs this form below), and (c) the rights I grant to Dhyanapeeta Charitable Trust under this form will not be limited by any other contract or obligation.

Signature:

Date (dd/mm/yyyy)

Signature of the Parent or Guardian

Date (dd/mm/yyyy)

For Official Use Only

(Please do not write in this block)

Remarks

Date received

Si No

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