



TESTIMONIAL FORM

Legal Name: _____

Address: _____

Telephone No.: _____

Email ID: _____

How did you hear about this program/event?: _____

Spiritual Name (if any, given by Swamiji): _____

Testimonial:

By signing this form, I hereby grant to Dhyanaapeeta Charitable Trust and its assignees, the right to create via photography or videography or other means and the right to reproduce, display, and disseminate worldwide and in perpetuity in any traditional or electronic media format, any of my images or videos taken at any of Dhyanaapeeta Charitable Trust or its associated organizations' events and services, or testimonials I submitted, in whole or in part, without requiring the organizations to notify me, seek my permission, or owe any form of compensation. I understand that these images and testimonials will be used in an appropriate and respectful manner. I confirm that these images were taken and I have provided the testimonials with my knowledge and consent.

Signature _____ **Date** _____