



White Tantric Yoga®

Registration & Release of Liability

Registration

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|---------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|------|-------|-----|
| WTY City Name | | | | WTY Date | Year | Month | Day |
| Your First Name | Last Name | Spiritual Name | | | | | |
| Street Address | | | | | | | |
| City | | State | Zip | Country | | | |
| Phone | | Email | | | | | |
| I qualify as a: <input type="checkbox"/> Senior (65+) <input type="checkbox"/> Full-Time Student / School: <input type="text"/> | | | | | | | |
| WTY Fee Paid: <input type="text"/> | | Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other <input type="text"/> | | | | | |

Release of Liability

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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 Signed: _____

Survey

Is this your first WTY course?

Yes No

Do you currently receive mail and/or e-mail from 3HO regarding WTY and other teachings of Yogi Bhajan?

Yes No

If not, may we add you to our distribution list?

Yes No

Contact

Mailing Address & Checks Payable To:

Kundalini Yoga in the Loop
410 S Michigan Ave Suite 514
Chicago, IL 60605

(312) 922-4699 www.ShaktaKaur.com

WTY Event Held At:

Jones College Prep High School
700 South State St
Chicago, IL 60605

www.WhiteTantricYoga.com