



## Primordial Sound Meditation Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth Month (Spell it out) \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Time of Birth \_\_\_\_\_ AM or PM

Have you ever been instructed in a mantra meditation technique? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Date Instructed \_\_\_\_\_ Do you still practice? \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

**My decision to learn Primordial Sound Meditation (PSM) is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results. I understand the PSM is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological conditions. I further understand that any instruction given to me during the PSM is for me personally and may not be appropriate for others. In consideration for teaching the PSM, I hereby agree to hold Get Fit Retreats, LLC; SacredYoga, and their officers, agents, and employees harmless in any claims brought by me, or on my behalf, which contradict the above.**

***My Signature below constitutes my acceptance of the conditions expressed in the agreement.***

Signature \_\_\_\_\_ Date \_\_\_\_\_