

**Kundalini Yoga Thailand Retreat**

**20-24 October 2016 - Suan Bua Resort**

**Registration Form – Health Questionnaire - Disclaimer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: | | Last Name: | Spiritual Name: | |
| Home Address: | | | | |
|  | | | | |
| Email: | | | | |
| Phone No.: | | | | |
| Check below for shared room or single room | | | | |
| Shared room: | Single room: | | | |
| Date of Birth: | Male: | | | Female: |

**Package Rates**

**Early Bird price** received by August 31 shared room 12,500 per person Baht / single room 15,100 Baht

**After August 31** room 13,300 Baht shared room per person/single room 15,900 Baht

**Children’s Rates:** children not over 2 years old no charge – children 3-10 years old 2,800 Baht per child without extra bed; with extra bed 4,800; with extra twin bed 5,400

Children 11 and older same rates as adult

|  |
| --- |
| **inclusive of the following:**  - arrival 20 October late afternoon with dinner – depart 24 October after early morning Sadhana and breakfast  - Sadhana 4am-6:30am 21,22,23,24 October  - workshops several choices per day  - 4 breakfasts, 3 lunches, 4 dinners (all vegetarian meals), 2 snacks per day  - airport pickup and return\* |

**\*please arrange your air travel** with others as to facilitate airport pickup and return, select a group leader to

arrange time of group pick up and time of departure– group leader reports how many people in your group, names of people in your group, and flight details - email information to [event-info@kundaliniyogathailand.org](mailto:event-info@kundaliniyogathailand.org)

\*For one person pickup there may be an extra charge

**Teach a Workshop** – If you would like to teach a workshop check here \_\_\_\_\_\_.

The workshop form will be sent to you with retreat rate for teachers teaching a workshop.

Payment made to the following account:

Account Name: Akarat Sivaphongthongchai

Bank Name: Siam Commercial Bank (SCB)

Account number: 218-2-28318-6

Branch: Siam Paragon

Type of account: Savings Account

Swift code: SICOTHBKXXX

**Note: after making payment send copy of bank receipt to** [**event-info@kundaliniyogathailand.org**](mailto:event-info@kundaliniyogathailand.org)

**Will send confirmation of payment only after receiving copy of bank deposit or bank transfer receipt.**

**\*\*If you would like to contribute to Kundalini Yoga Thailand scholarship fund (any amount) to help people attend this retreat and future events who have limited funds, please note here: amount \_\_\_\_\_\_\_\_\_ and add on to your**

**payment. This fund will be used for Thailand events to assist those in need. Thank you for your contribution!**

**Kundalini Yoga Thailand - HEALTH QUESTIONNAIRE**

**Please fill in as appropriate**

**Note:** **all information shared will be considered confidential and private**

**Please check if you have a history or recent occurrence of:**

|  |  |  |  |
| --- | --- | --- | --- |
| -Allergies |  | -High blood pressure |  |
| -Arthritis |  | -Hypoglycemia |  |
| -Asthma |  | -Low blood pressure |  |
| -Back pain |  | -Infectious diseases |  |
| -Breathing difficulties |  | -Major injuries |  |
| -Broken bones |  | -Neck pain |  |
| -Cancer |  | -Other pain in the body |  |
| -Diabetes |  | -Regular headaches |  |
| -Heart diseases |  | -Ulcers |  |
| -Any hospitalization / Operations? (please specify) | | | |
| -Are you pregnant? How many months? | | | |
| -Do you smoke? | | | |
| -Are you taking any medication (please specify)? | | | |
| Rate the level of stress in your life - High/Medium/Low : | | | |
| Please describe any other condition we should be aware of: | | | |

1. What do you hope to gain from this yoga training?

2. How did you hear about this Kundalini Yoga Event:

3. Would you like to be on the Kundalini Yoga Thailand emailing list?

4. List other forms of exercise of sports you participate in:

**Kundalini Yoga Thailand Retreat 2016**

***DISCLAIMER***

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agree to the following:

First and Last Name

I am aware that participation in yoga may result in accident or injury, and I assume the risk connected with the participation in yoga and attest that I am in good health and suffer from no physical impairment that would limit my ability to participate in this Kundalini Yoga Thailand event. I personally acknowledge that teachers of this Kundalini Yoga Thailand event have not and will not render any medical services including medical diagnosis of participants’ physical condition.

I specifically agree that the organizers and teachers of this Kundalini Yoga Thailand event shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage, or loss of any kind resulting from or related to my use of the course facilities within or without the course premises.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant:

Date:

***For participant under 18:***

***AS LEGAL GUARDIAN OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I GIVE PERMISSION TO HIM/HER TO PARTICIPATE IN THE AFOREMENTIONED TRAINING AND CONSENT TO THE ABOVE TERMS AND CONDITIONS.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & signature of parent / legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_