

Golden Bridge
Light Leaders Children's Yoga Teacher's Training Registration
March 5 – 17, 2010

Fill this form out and fax back to 323-210-7285 or mail to
Golden Bridge 6322 De Longpre Ave, LA CA 90028 Attn: Sat Puran

Name: _____

Spiritual Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Work: _____ ext: _____

E-mail _____

Emergency Contact Person & Number _____

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| <p>Payment</p> <p><input type="checkbox"/> Pre-Registration PAYMENT: \$429 (register before 2/26)</p> <p><input type="checkbox"/> FULL PAYMENT: \$499 (after 2/26)</p> <p>Payment method: Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card/Website <input type="checkbox"/></p> | <p>To pay by credit card, please follow these easy instructions:</p> <ol style="list-style-type: none">1. Go to our website: www.goldenbridgeyoga.com2. Click on the "Schedule" tab.3. Go to the "Online Store" tab.4. Select "Workshops" from the menu5. Select "Light Leaders Teacher's Training" from the second drop down menu.6. Click the "Make Purchase" button.7. Click "Log-in & Checkout."8. Follow the simple instructions to create an account with us to finish your purchase.9. Send this form to Golden Bridge. |
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Release

I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Program.

In consideration of being permitted to participate in the Program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Program.

I also give my permission to appear in photographs and videos that may take place during the course of the Program.

I agree to indemnify and hold harmless the Program; RYCP; Golden Bidge Yoga.; Harbhajan Singh Khalsa Yogiji, a.k.a. Yogi Bhajan; YB Teachings, LLC; 3HO Foundation; Sikh Dharma; Humanology, Health Science Incorporated; and any affiliations and/or subordinate corporations not stated herein, their officers, directors, employees, agents, or volunteer staff from and against all claims, actions, demands, proceedings, liabilities, cost and expenses, including reasonable attorney's fees, which they may have ascertained against or incurred by them arising as a result of my participation in the Program .

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue or make any claims of any kind whatsoever against the Program or any of the aforementioned parties for any injury, property damage/loss, or death caused by their negligence or other acts.

The Undersigned agrees that they have read, understand, and agree to all the Release information stated herein and that all the Registration information provided is correct to the best of their knowledge:

Signature (Legal Name): _____ **Date:** _____

*If you have any questions, please contact Sat Puran:
satpuran@goldenbridgeyoga.com*