

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 Seva Meditation, 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 _____