

To register, please print out this application and complete. Then, mail it to us with your check for the tuition.

*please print clearly*

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(#,street)

\_\_\_\_\_

city state zip country

Class date desired: \_\_\_\_\_

FEMALE / MALE AGE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

PLACE OF BIRTH: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

TIME OF BIRTH: (Please approximate if necessary): \_\_\_\_\_ AM / PM

Have you ever been instructed in a mantra meditation technique: Yes / No

If Yes, which one? \_\_\_\_\_

Date instructed \_\_\_\_\_ Do you still practice it? \_\_\_\_\_

How is your health? Mental \_\_\_\_\_

Physical \_\_\_\_\_

Please list any medications you are taking \_\_\_\_\_

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 that the PSM is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. I further understand that any instructions 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 Priscilla Ramirez and Infinite Possibilities Knowledge, LLC, and their officers, agents and employees harmless from any and all complaints, claims or liabilities of any kind whatsoever, that I may have now or in the future or that may be brought by me, or on my behalf.

My signature below constitutes my acceptance of the conditions expressed in this agreement.

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

**MAIL TO**

**Priscilla Ramirez**

P.O. Box 40286

Austin, TX. 78704