



# KARYA SIDDHI HANUMAN TEMPLE

12030 Independence Pkwy, Frisco TX 75035



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☎ (866) 996-6767

## S.T.Y.L.E. Yoga/Management Workshop

Full Name: \_\_\_\_\_

Primary Contact Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Facebook/ LinkedIn/ Twitter IDs if any: \_\_\_\_\_

Address: \_\_\_\_\_

Profession (Company, Position, Field): \_\_\_\_\_

How did you hear about the course? \_\_\_\_\_

Briefly describe your mental and physical health

Please indicate if you have any of these conditions:  Asthma  High B.P.  Diabetes  Heart Disease  Pregnancy  Other (Specify): \_\_\_\_\_

Please list past/current ailments or hospitalizations affecting the practices: \_\_\_\_\_

Please describe in detail any medications you are taking: \_\_\_\_\_

Practice/Learnt/Teach any yoga or self-development courses? \_\_\_\_\_

Expectation(s) by the end of the course? \_\_\_\_\_

Interested in Volunteering:  Yes  No

Fee Amount(\$) \$100

Temple Donation:  \$25  \$50  \$75  \$100

Type of Payment:  Cash  Check  Credit Card

**Waiver/Release:** I understand that any benefits derived from this course depend upon the extent of my participation. I therefore accept full responsibility for the outcome and I willingly agree to follow all instructions and participate fully. I also agree that I will not disclose the content of this course to anyone. I declare that, I am physically and mentally able to participate in this program.

By enrolling in this class, I agree to waive and release Datta Yoga Center (all branches) and Karya Siddhi Hanuman Temple (KSHT) and their officers, trustees, volunteers and members, and all other persons participating in the program, or involved in planning or execution of the program, from all liability and/or claims including any injury to any member of my family or my property. If any member of family or any guest I bring into center damages property of DYC or KSHT, I agree to pay all required amounts to get such damage repaired to the satisfaction of DYC and KSHT.

Signature: \_\_\_\_\_

**For Administrator Use Only:** Registration Complete:  YES  NO Volunteer: \_\_\_\_\_

Check Number: \_\_\_\_\_

Credit Card: \_\_\_\_\_

**Notice for all Participants:**

- Each session consists of 10 classes. We highly encourage each student to attend all the classes in the session.
- For any questions, please email [Yoga@DallasHanuman.org](mailto:Yoga@DallasHanuman.org)