



# Art of Living Basic Course

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

How did you find out about this course?

\_\_\_\_\_

If you are presently under the care of a physician, or psychiatrist, or have been recently hospitalized, please describe:

\_\_\_\_\_

Please list any long-standing health problems or recent health concerns

Asthma and breathing problems

High blood pressure

Epilepsy

Migraine

Pregnancy

Heart disease

Other: \_\_\_\_\_

Please describe in detail any medications you are taking

\_\_\_\_\_

Please list any meditation techniques or other self-development courses/techniques you have done:

Date \_\_\_\_\_ Course/Technique \_\_\_\_\_

Experiences and/or Results \_\_\_\_\_

\_\_\_\_\_

**It is compulsory to attend all sessions of the course. Taking notes and use of tape recorders is prohibited.**

**Agreement:** *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 further agree that I will not attempt to instruct others in any of the techniques used in the course until such time as I receive personal training from Sri Sri Ravi Shankar.*

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

**Financial - For Office Use Only**

**Course Fee:** \_\_\_\_\_

**Money Received:** YES

NO

