



*Primordial Sound Meditation Application Form*

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Female/Male \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth Month (Spell it out) \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Time of Birth \_\_\_\_\_ 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 medication you are taking \_\_\_\_\_

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 complaints. 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 Wellness With Sujata, Ltd., 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 \_\_\_\_\_