# Quantum Ties Inc. Primordial Sound Meditation Registration Form

Name ________________________________Phone (___) ____________________

Address____________________________________________________________

Email Address_______________________________________________________

Female/Male___________ Occupation__________________________________

Date of Birth Month ________________ Day ________Year______________

Place of Birth City _______________________

State/Province __________________________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 ________________________________________________

Are you taking any medications that might interfere with your ability to sit quietly and concentrate? Y\N

Emergency Contact Name and Number____________________________________________

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*Agreement*

*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 being taught PSM, I hereby agree to hold Quantum Ties Inc, the Chopra Center LLC, 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 ________________

***For Office use only***

Date of Instruction______________________________ Mantra___________________________

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