

# Primordial Sound Meditation Application Form

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

Date of Birth Month (Spell it out) \_\_\_\_\_ Day \_\_\_\_\_ 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 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***

Instructors Name \_\_\_\_\_

Date of Instruction \_\_\_\_\_ Mantra \_\_\_\_\_



*Kasey J Claytor*

 **CHOPRA CENTER**  
**CERTIFIED INSTRUCTOR**