



# CENTRE FOR CONSCIOUS AWARENESS - CANADA

REGISTERED CHARITY NUMBER 80438 7496 RR0001

BROOKFIELD RPO, 181 BAY ST. PO BOX 30021, TORONTO, ONTARIO, M5J 0A5

[www.centreforconsciousawarenesscanada.org](http://www.centreforconsciousawarenesscanada.org)

[info@centreforconsciousawarenesscanada.org](mailto:info@centreforconsciousawarenesscanada.org)

416-997-5531

<b>ARKA DHYANA INTUITIVE MEDITATION REGISTRATION FORM</b>			
<i>Full Name</i>	<b>First Name</b>	<b>Last Name</b>	
<i>Mailing Address</i>	<b>Street</b>		<b>Apt/Unit #</b>
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<i>Home Phone</i>		<i>Email</i>	
<i>Mobile</i>		<i>Alter. Email</i>	
<b>REGULAR</b>		<b>STUDENT* / SENIOR</b> <i>(Photocopy of ID required)</i>	
<b>FUNDAMENTALS COURSE OPTION 1</b>		<b>FUNDAMENTALS COURSE OPTION 1</b>	
<input type="checkbox"/>	Fundamentals Package \$70 for all 4 classes: <i>Introductory, Level 1, Level 2 and Level 3</i> 1.5 hrs per class	<input type="checkbox"/>	Fundamentals Package \$35 for all 4 classes: <i>Introductory, Level 1, Level 2 and Level 3</i> 1.5 hrs per class
<b>FUNDAMENTALS COURSE OPTION 2</b>		<b>FUNDAMENTALS COURSE OPTION 2</b>	
<input type="checkbox"/>	<b>A</b> Introductory \$20 – 1.5 hrs	<input type="checkbox"/>	<b>A</b> Introductory \$10 – 1.5 hrs
<input type="checkbox"/>	<b>B</b> \$60 for remaining 3 classes: <i>Level 1, Level 2 and Level 3,</i> 1.5 hrs per class	<input type="checkbox"/>	<b>B</b> \$30 for remaining 3 classes: <i>Level 1, Level 2 and Level 3,</i> 1.5 hrs per class
<b>PRACTICE AND PHILOSOPHY COURSE</b>		<b>PRACTICE AND PHILOSOPHY COURSE</b>	
<input type="checkbox"/>	\$10 per class, 1hr	<input type="checkbox"/>	\$5 per class, 1hr
<input type="checkbox"/>	Advanced Ongoing Package \$84 for all 12 classes	<input type="checkbox"/>	Advanced Ongoing Package \$42 for all 12 classes

## PAYMENT

Please select payment option:

- Cash  
 Cheque

Cash payments and cheques will be accepted in person at the start of the course at the course location.

Cheques can also be mailed to:

### **Centre for Conscious Awareness - Canada**

Brookfield RPO  
181 Bay St. PO Box 30021  
Toronto ON M5J 0A5

## REGISTRATION FORM

*Class sizes are limited. Please complete, sign and submit your registration form by one of the following options:*

Option 1. Scan and email it to [info@centreforconsciousawarenesscanada.org](mailto:info@centreforconsciousawarenesscanada.org) (**Preferred option**)

Option 2. Mail to P.O. Box address above

Option 3. Bring to class.

*Should you choose Options 2 or 3, please confirm by email*

*([info@centreforconsciousawarenesscanada.org](mailto:info@centreforconsciousawarenesscanada.org)) or phone (416-997-5531) that you will attend in order to reserve a spot.*

## MEDICAL

*Please let us know about any medical conditions or allergies that we should be aware of while administering this course.*

Do you have any existing medical conditions?  Yes  No

If yes, please list:

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Do you have any allergies?  Yes  No

If yes, please list:

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*I understand that the practice of Arka Dhyana Intuitive Meditation is not physically strenuous and I agree to be mindful of my previous injuries or health issues. I also agree to inform the instructor if there is an issue during the class.*

Yes  No

## **EMERGENCY CONTACT**

Name(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

## **PHOTO WAIVER**

We will be taking photos. Do we have your permission to use your photo for our publications including website, newsletters, flyers etc?  Yes  No

## **PRIVACY OF INFORMATION**

The information provided in this form will be used solely for the purposes of this charitable organization. It will not be sold or distributed to any third parties.

May we contact you to inform you of our events and courses?  Yes  No

## **CANCELLATIONS**

Credit: 100% credit will be granted if course fees are paid and students advise they are unable to attend until a later date. Credits must be claimed within one year.

Cancellations are appreciated at least 24 hours in advance by phone 416-997-5531 or by email [info@centreforconsciousawarenesscanada.org](mailto:info@centreforconsciousawarenesscanada.org).

We reserve the right to cancel courses due to unforeseen circumstances. Centre for Conscious Awareness - Canada will advise students of any cancellations and will re-schedule accordingly.

## **HARASSMENT**

We believe in creating a positive learning environment for all students.

We will not tolerate abuse (verbal, emotional, mental, physical), harassment or any activity that harms the growth and expansion of the student. We reserve the right to remove students who are enrolled in our courses. We also reserve the right to deny admission into our courses.

## **WHAT TO WEAR**

Comfortable clothing as you will be sitting on the floor.

## **WHAT TO BRING**

Required: Pillow/cushion to sit on. Arka Dhyana cushions may be purchased for an additional fee.

Recommended: Bottled water, blanket, yoga mat for lying down in relaxation.

## **\*STUDENTS**

You must be enrolled in part-time or full-time studies at a high school or post-secondary institution.

**RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND  
ASSUMPTION OF RISK**

In consideration of being allowed to participate in a meditation course (the “**Activities**”) of the Centre for Conscious Awareness - Canada, I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk (the “**Release**”) and to the terms hereof as follows:

1. **Assumption of Risk.** I understand and acknowledge that the Activities may involve some physical and psychological exertion and that if I am injured as a result of muscle spasms, joint pains, shortness of breath, hyperventilation, or any other cause, that I expressly assume the risk of said injuries. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE CENTRE FOR CONSCIOUS AWARENESS - CANADA, ITS FOUNDER, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, MEMBERS, CONTRACTORS, AGENTS AND REPRESENTATIVES (COLLECTIVELY CALLED THE “**RELEASED PARTIES**”).

2. **Waiver and Release.** I HEREBY FOREVER RELEASE, WAIVE, COVENANT NOT TO SUE, EXONERATE, DISCHARGE AND AGREE TO HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR ANY INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR OTHER LOSS THAT MAY RESULT, DIRECTLY OR INDIRECTLY, FROM MY PARTICIPATION IN THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

3. **Other.** (1) Should any portion of this Release be held to be invalid by any court of competent jurisdiction for any reason, such portion of this Release shall be severable from the remaining provisions herein and shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. (2) I further understand and agree that this Release shall bind my heirs, assigns, administrators, executors and legal representatives. (3) This Release shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND I AM VOLUNTARILY SIGNING BELOW WITH A WITNESS.**

Signature of Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT OR GUARDIAN OF PARTICIPANT UNDER AGE 18 MUST SIGN THIS SECTION.**

I am the parent or guardian of the minor participant (under age of 18) named below. I have read and understand all terms and conditions of the Release set forth above. I agree that the terms and conditions of the Release set forth above shall be binding upon me as the minor's parent or legal guardian, my heirs, successors, assigns and personal representatives.

Name of participant under 18 years of age: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS DOCUMENT FOR FUTURE REFERENCE**