



# Art of Living Course Application

This application will be kept confidential

Name \_\_\_\_\_ Course Dates \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Course Instructor: \_\_\_\_\_ Course location \_\_\_\_\_

How did you hear about the course? \_\_\_\_\_

Briefly describe your mental and physical health \_\_\_\_\_

Please indicate if you have any of these conditions:  Asthma  High Blood Pressure

Breathing Problems  Diabetes  Emphysema  Epilepsy  Heart Disease  Pregnancy

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

\_\_\_\_\_  
\_\_\_\_\_

If you have a history of mental illness or are currently under the care of a psychiatrist please describe:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

If you have ever taught yoga, meditation, or any self-development programs, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**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 The Art of Living Foundation Teacher Training Program.*

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

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Total Amount Paid:	Notes:
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