



# PRANIC HEALING COURSE REGISTRATION

Center Name  
Center Address  
Center phone number  
Center email address



**(PLEASE FILL IN THIS FORM COMPLETELY IN BLOCK LETTERS)**

Name..... Surname.....

Native Name..... Nationality.....

Date of Birth..... Gender: M  F  Marital Status..... No. of Children.....

Occupation..... Educational Qualification..... Field of Study.....

Address.....

Cell Phone..... Phone..... Email.....

Office Address.....

Phone..... Cell phone..... Fax..... Email.....

Details of Pranic Healing courses completed (please fill in information if applicable)

Course	Place Conducted	Date
Basic Pranic Healing		
Advanced Pranic Healing		
Pranic Psychotherapy		
Arhatic Prep		

- Details of other programs of personal growth, therapy or meditation that you have attended:
- Have you ever been hospitalized for psychiatric or mental treatment? Yes / No
- Have you ever been in psychotherapy that was not successful? Yes / No
- Do you smoke? Yes / No
- Do you drink? Yes / No
- Do you take hallucinogenic drugs? Yes / No
- Please give details of all physical ailments, however trivial:
- How did you hear about this course?
- What are you looking for from this course / What made you decide to attend this course? (to learn to heal, for spiritual development, others)

### Declaration

I am participating in this pranic healing seminar at my own risk and of my own will. I take full responsibility for participating in this program. I release all instructors, organizers, and assistants of this seminar from all damages whatsoever and waive all rights to compensation on the care of injury: I declare that I am physically, emotionally, and mentally able to participate in this seminar and will keep all materials covered confidential. I also give permission to my instructor and/or center to share and upload my information on ThePranicHealers.com international platforms to create a profile for me.

Place:

Date:

Signature of Participant:

For office use only (please do not fill this part)

- Basic  Advanced  Psychotherapy  Crystal Healing  Psychic Self Defense  Achieving Oneness  Arhatic Prep  
 Kriyashakti  Feng Shui  Spiritual Business Management  Other

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## Participation Agreement

I swear and covenant

To the Supreme God

To my spiritual Teachers,

To the healing ministers, and holy angels,

To the spiritual helpers

To all the great ones:

That I will not share or spread any of the techniques that I learn, other than for my own personal endeavors. I will under no circumstance share these information or teach these techniques to other people. I will keep all my learning's to myself.

I will continuously practice my learning's for the benefit of helping myself and other human beings; I shall not misuse the principles and techniques for immoral or unethical purposes.

With thanks and in full faith.

## Declaration

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There is no warranty associated with this course. This course is offered to you 'AS IS' without either expressed or implied warranty, including the implied warranty for fitness for a particular purpose. You are responsible for all the risks associated with this program. You release all instructors, organizers, and assistants of this course from all damages whatsoever and waive all rights to compensation on care of injury. You declare that you are physically, emotionally and mentally able to participate in this course and will keep confidential all the proceedings.

Name and Surname

Date

Signature

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