



The Inner Sciences India Trust

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TISIT DISCLAIMER FORM

(Please Print Clearly)

WORKSHOP NAME: The International Founder's Day Celebration & Retreat 2019

First Name _____ Last Name _____

Street Address & No. _____

City _____ Pin Code _____

State / Province / Country _____

Phone/Fax _____ Email ID _____

Date of Birth _____ Occupation _____

Do you have any of the below?

Pregnant ___ Hypertension ___ Severe Heart Ailments ___ Glaucoma _____

Other _____

If you were referred to this Event, who referred you? _____

Apply for General Retreat / TPA Levels _____

When signing this Disclaimer you agree that the Organisation of *The Inner Sciences Network of Organisations* may Contact you!

No part of this Workshop may be videotaped or recorded via computer or any other means, nor may any information be transferred to any third party without permission in writing from *The Inner Sciences Network of Organizations*.

The Teachings are not intended to replace orthodox medicine.

If symptoms are severe or persist, immediately consult a Medical Doctor.

Neither *The Inner Sciences Network of Orgnaizations* nor their Authorized Instructors may be held liable for any adverse effects arising from the application of these techniques.

I agree that my personal Data may be forwarded to the *The Inner Sciences Network of Orgnaizations* Office.

Signature _____

Date _____

Registration may only be made to this address :

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