



Jain Center of South Florida

<http://www.jaincentersfl.org/about,jcsf.html>



Preksha Meditation Program Level 2

SEARCH THE TRUTH YOURSELF
Appana saccameseja

**Instructors: Samani Chaitanya Pragya, Samani Unnata Pragya
& Mumukshu Sheetal**

(Disciples of His Holiness Acharya Mahashramanji)

*Name: _____ Profession: _____

Address: _____

Phone #: _____ *Email: _____

Age _____ .

* Schedule could change according to Samaniji's & participant's convenience.

- The * represents required.
- Please bring your folder from the previous session.

Duration: Feb to April.

Saturday

Venue:

Jain center of South Florida

1960 N. Commerce Pwy #11-12

Weston, FL 33326

Instructors :

Samanijis (786) 546-0442

samaniji@preksha.com

Date	Topic
11 th Feb:	Sharira Preksha/ Body Perception
25 th Feb	Anupreksha/Bhavana/contemplation
3 rd March	Chaitanya Kendra Preksha session 1
10 th March	Chaitanya Kendra Preksha session 2
24 th March	Leshya Dhyan 1
31 st March	Leshya Dhyan 2

The schedule is tentative, prone to simple changes if need be.

Time schedule:

Time	Event
10:30 to 11:30	Preksha song & Pranayam
11:00 to 11:20	Meditation
11:20 to 12:00	Lecture
12:00 to 12:20	Meditation
12:20 to 12:30	Closing Prayers

Please print this form and bring with you or send to samaniji@preksha.com or fax to 305 372 5291.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration of **JAIN CENTER of SOUTH FLORIDA (JCSF)** providing the opportunity for and permitting the undersigned (Participant) to participate and take part in **Prekhsa Meditation** courses provided and its related activities, the undersigned Participant, does hereby release, remise and forever discharge, indemnify and agree to **HOLD HARMLESS WAIVE, DISCHARGE, and COVENANT NOT TO SUE JAIN CENTER of SOUTH FLORIDA** including its Board of Directors and members, and assigns, hereinafter referred to as (RELEASEES), from any claim, demand or cause of action whether now in existence, or hereafter arising for any loss of personal property, injury to the Participant or for the death of the Participant, arising out of resulting from, caused by or contributed to in whole or in any part by any action or failure to act, negligence, breach of contract, or other misconduct on the part of RELEASEE, or any other Participant in said courses.

I recognize and acknowledge that certain risks of harm are or may be inherent in the various activities contemplated herein and that RELEASEES cannot control all of these risks. We are aware that yoga training and the exercises associated with it place unusual stress on the body and carry with them the risk of physical injury.. I assume the risks Involved.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family if I am alive, and my heirs, assigns and personal representative, if I am not alive. It shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE** the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

I UNDERSTAND THAT NEITHER OF THE RELEASEES WILL BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY THAT I MAY SUSTAIN.

I also understand that I should, and am urged by RELEASEES to obtain health and accident insurance to cover any personal injury to me (Participant), which may be sustained. I agree that I will obey all local, state and federal laws while participating in this activity.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign It voluntarily as my own free act and deed; no oral representations, statements or Inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this

Participant Signature: _____

Date: _____

Participants Printed Name: _____

Participant Address: _____

Participant Phone Number: _____

Email: _____