**KEMET TRIP OCT 2017 REGISTRATION PACKET**

**TRIP DATES: October 12 2017 – October 23, 2017: Trip to Egypt**

**\*Everyone going on the trip must read and accept the waiver and fill and send in this form.**

**WAIVER:** It is understood that the Sema Institute of Yoga and/or its agents may take pictures, record by video and/or audio, activities and/or group conference sessions. It is understood that during this photo/video/audio recording that your image or voice may be recorded. By attending this trip you give permission to the Sema Institute of Yoga and/or its agents to record your image through video and/or audio means. You also understand and hereby give permission to the Sema Institute of Yoga and/or its agents to use any photo, video or audio recording that may contain your image or likeness. You voluntarily consent to allow the use of your image by the Sema Institute of Yoga and/or its agents and waive any right to financial remuneration for its future potential use. You hereby release and hold harmless the Sema Institute of Yoga and/or its agents for any claim by you, your heirs and/or assigns regarding the use of your image gathered during the pilgrimage for its future potential use.

It is also understood that Tjef Sema Paut Neteru, a Kemetic (Ancient Egyptian) system of Yoga Exercises, will be done during the pilgrimage. You understand that engaging in these sessions is strictly **voluntary** and if you do so, you participate at your **own risk.** You hereby **waive** any legal claim that you may have based upon an injury that could occur based upon your voluntary participation in these sessions and agree to hold harmless the Sema Institute of Yoga and/or its agents from claims resulting there from.

You represent that you are in good health and have no physical ailments; otherwise, you have consulted and have your doctor’s permission to participate in this program, particularly as concerns the vegetarian-vegan diet and participation in the Tjef Sema Paut Neteru Yoga Exercises.

Note: Anyone having a doctor’s consent to attend the program, or illness or injury is advised to contact and inform Seba Dja of any condition or illnesses, including but not limited to diabetes, high blood pressure, heart or respiratory disease, back or other orthopedic problems. You can call and speak directly with Seba Dja at 305-378-6253, or email her at [Sebadjaunnefert@aol.com](mailto:Sebadjaunnefert@aol.com); she will let you know if she needs further details about your condition or a doctor’s consent.

In consideration of the fees paid for attending the Pilgrimage to Kemet trip you for yourself, heirs, personal representatives and or assigns, **hereby release the Sema Institute of Yoga and/ or any of its respective agents, employees, and/or officers, from any liability, damages, claims or causes of action, arising** out of your participation in the trip except as otherwise provided by law. You also agree to indemnify and hold harmless the Sema Institute of Yoga and/or its agents from any claims, causes of action, or other judicial proceedings costs, expenses, damages, and liabilities including attorney fees brought solely as a result of your negligence, willful misconduct, and failure to abide by the rules and regulations promulgated by the sponsor.

You also acknowledge your understanding that the Sema Institute of Yoga and/or its agents act only as agent for various companies over the lines of which tickets are available and these tours operate and assumes no responsibility for liability with service in connection with the service of any train, vessel, carriage, aircraft, motor or other conveyance which may be used wholly or in part in the performance of its duty to the passenger, neither will it be responsible for any act, error of omission or for any injury, loss, accident delay or irregularity which maybe occasioned by reason of any defect in any vehicle or through neglect or default of any hotel proprietor or hotel service, or for any other person engaged in carrying out the purpose for which tickets or coupons are issued. If it becomes necessary or advisable to change any hotel for the comfort or well-being of the attendees for any reason whatsoever or to alter the itinerary or arrangements, such alterations may be made without penalty to the operators. Additional expenses, if any, shall be borne by the passenger, conversely, refund will be made to the passenger if any saving is effected thereby. The right is reserved to withdraw any or all tours should conditions warrant.

I understand that the Sema Institute of Yoga and/or its agents reserve the right to ask me to leave the tour immediately at any time, without prior notice, if it/they feel that I am a disruption to the program. Examples of conduct that would cause this to occur include but are not limited to the following:

* Consumption of alcohol;
* Smoking of cigarettes;
* Smoking or other use of or carrying marijuana or marijuana products;
* Use of or carrying any type of illegal drug;

In this event, I understand that **no refund** will be given to me and the expense incurred to travel back to your home state of origin will exclusively be borne by you.

**Proprietary information**

No business procedures, contacts or venues used in this program are not to be approached or contacted with the idea of organizing a like or similar program without the consent and permission of the Sema Institute.

Be sure to fill out the next page of the Registration form **completely** and submit this to the Sema Institute at the time of making your first payment. For those without the ability to scan their form, we will accept an electronic signature. Uncompleted forms will not be accepted.

Dua-Thank you

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**THE PRICES LISTED BELOW ARE PER PERSON, BASED ON DOUBLE OCCUPANCY AND DO NOT INCLUDE TRANSPORTATION FROM NEW YORK AND BACK PLUS LAND ARRANGEMENTS**

Program cost $3700 USD without Air from New York[[1]](#footnote-1)

Additional $400.00   SINGLE OCCUPANCY ADDITIONAL (IF AVAILABLE!)

( )     I WISH TO SHARE A ROOM WITH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( )     I REQUIRE A ROOMMATE

( )     I REQUIRE SINGLE SUPPLEMENT (+ $400 )

( )     I REQUIRE LUNCH SUPPLEMENT (+ $120 )

**PAYMENT PLAN OPTION: To reserve your spot, deposit of $500 due March 31th 2017. Suggested monthly payment is $600 – $650 per month, with the balance and final payment due August 1st, 2017**

**HOW TO SEND PAYMENT:**

Two ways to pay:

1-Send payment through PAYPAL **AS FRIENDS AND FAMILY TRANSFER** and include note with your name, address and phone number-send to [cmbookpublishing@aol.com](http://www.paypal.com)

or

2-Send payment via check or money order to:

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

**Sema Institute**

**PO Box 570459**

**Miami FL 33257**

I have read the Registration Packet and Informational Pages at <http://www.egyptianyoga.com/triptokemet> in their entirety, respectively. I understand what I have read and acknowledge that I sign this form voluntarily and with full knowledge of the significance of its terms. Note: It is also advised that you listen to the webinars about the trip, as it may have additional information.

**Name** (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Name exactly as it appears on passport – Include first, middle or maiden and last name).

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you do not have a government issued passport, please apply immediately. Once obtained provide it to the Sema Institute).

Name as you want it to appear on your Name Tag (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #\_\_\_\_\_\_\_\_\_\_\_

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**\_\_\_\_\_\_\_\_\_\_\_\_ **Country** \_\_\_\_\_\_\_\_\_\_\_**Zip Code** \_\_\_\_\_\_\_\_

**Home Phone** (           ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include area code)

**Cell Phone**     (           ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include area code)

**Emergency**   (         ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include area code)

**E-Mail Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) **Male**   ( ) **Female**

1. ibid [↑](#footnote-ref-1)