



REGISTRATION FORM

Adhikmass-2026

May 17th 2026 – June 14th 2026

You & your family and friends up to four people can register together for one room. One room will be assigned for either week or two or for full four-week program. For accommodation of choice will be on Longer Stay first come first service. During Your Stay at Vraj if any one has any infectious disease has to wear mask mandatory.

Form Must Be Submitted by April 15th 2026 at vraj office

PARTICIPANT INFORMATION:

(1) Participant Name: _____
 Last Name _____ First Name _____ Middle Name _____

Date of Birth: _____ Age: _____ Gender: _____

Home address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Phone Number - Home: (_____) _____ Cell Phone Number: (_____) _____

Emergency Contact Name: _____ Cell: _____
 Last Name _____ First Name _____ Middle Name _____

(2) Participant Name: _____

Date of Birth: _____ Age: _____ Gender: _____

(3) Participant Name: _____

Date of Birth: _____ Age: _____ Gender: _____

(4) Participant Name: _____

Date of Birth: _____ Age: _____ Gender: _____

I read and explained consent and permission rules and policy to my room attendee. I and he/she understood and accept it. Also Please provide Health insurance & Phot id Copy of Each Participants.

 Signature of Participant

 Date

GUARDIAN INFORMATION:

Emergency/Guardian Name: _____ Relation to Participant: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

I read and explained consent and permission rules and policy to my relative attendee and he/she understood and accepts it. In case of emergency, I will come to Vraj to pick them up or take them to hospital at any time.

Signature of Guardian

Date

(A) WEEKLY PROGRAM:

Please check which week(s) you want to attend program.

<input type="checkbox"/>	4 Week # May 17 th – June 14 th 2026	: Per Person \$ 751.00
<input type="checkbox"/>	3 Week # Check in Sunday Evening & Check out Next Sunday Morning 10:00 am	: Per Person \$ 601.00
<input type="checkbox"/>	2 Week # Check in Sunday Evening & Check out Next Sunday Morning 10:00 am	: Per Person \$ 501.00
<input type="checkbox"/>	1 Week # Check in Sunday Evening & Check out Next Sunday Morning 10:00 am	: Per Person \$ 401.00

Three Weeks, Two Weeks & One Week Dates will be at choice of Participant's Please submit the dates of accommodation as per Below Dates.

Week One: May 17th 2026 – May 24th 2026
 Week Two: May 24th 2026 – May 31st 2026

Week Three: May 31st 2026 – June 7th 2026
 Week Four: June 7th 2026 – June 14th 2026

Provide Dates for Your Stay at Vraj: - _____

Registration form is not accepted, if any of the following documents is missing for any person going to stay in your room. Please check box for documents included for all participants staying in your room.

- This form
- Signed Permission slip
- Copy of Health Insurance
- Medical clearance form completed and signed by your Physician
- Donation:

By Check: in the amount of \$ _____ . Please make a check, payable to Vraj.

OR

By Credit Card: VISA Master Card _____

Card Number: _____

Expiration Date: _____ Number: _____

Card Holder name: _____



Vraj Adhikmass 2026

Consent and Permission slip

I _____ consent to stay at Vraj during Adhikmass for the period indicated on registration form. I understand that this gathering is very informal family type of gathering, and that the institution does not assume any legal responsibility of the attendee. I hereby release PMVS and its associates, workers and volunteers of any liability arising from any accidents or injuries that may occur to the Vaishnavs or Volunteers while attending the gathering. I grant permission to give all necessary treatment or urgent care to me, if I am unconscious or not capable of making decision. I understand that I am liable for full payment of all medical and related expenses during my stay at Vraj. Vraj is not liable for payment of any medical and/or any other expenses.

Vraj facilities may have been used for food preparation with peanuts, tree nuts, soy, milk and wheat. Vraj will not be able to provide quarantined facility or meals to Vaishnavs with specific dietary requirements.

I understand that Vraj facility is located in rural area of Wayne Township, PA. In case of emergency it may take up to 45 minutes to reach to Hospital after calling 911. Even though Vaishnavs with severe food allergies may be trained to administer Epipen, may not reach Hospital in less than 45 minutes. I understand that Vraj volunteers are not liable if they are not able to provide adequate life saving First-aid service while waiting for 911 to respond.

I understand that medically trained person is not available at Vraj. I am able to take care of my health issue and able to take regular and emergency medicine without any assistance.

Adhikmass 2026 committee may decline my stay at Vraj based on review of registration form and Medical clearance documents and deems to be concerned about well-being of my self.

Adhikmass gathering may be cancelled without prior notice, if Vraj Volunteers feel that it may not be safe for attendees' health either due to Corona virus spread or any other reason. My donation will be refunded, if gathering is cancelled by Vraj and its administration.

I am physically independent for daily activity and capable to walk around on Vraj Campus or climb stairs without difficulty.

OR

I am physically dependent for daily activity and not capable of walking around on Vraj campus or climbing stairs myself.
My Guardian _____ is going to stay with me for assistance. My Guardian will be Adhikmass attendee like me and will fill up separate registration form.

Sincerely,

Date: - 2020

Signature



VRAJ, Adhikmass, 2026
Medical Clearance Form
(This form is to be completed by Physician)
(To be submitted with housing registration)

TO BE COMPLETED BY PHYSICIAN

Name: _____ DOB: _____

Diagnosis _____

Name of medication _____

Length of time and frequency of dosage: _____

Does he/she need to carry any emergency medicine? Yes _____ No _____ if yes please explain _____

Are there any restrictions? Yes _____ No _____. If yes what and for how long?

I understand that Vraj Temple is located in rural area of Pennsylvania and there is no
Medically trained person is available at Vraj.

I certify that he/she is medically stable.

He/she is self dependent and physically capable of taking care of him/herself.

I certify that he/she is medically stable, but not self dependent and physically not
capable of walking around or able to climb stair by him/herself.

Recommended to have guardian/assistant to stay with them during their stay at Vraj.

Extra notes: _____

Printed Name of Physician _____

Signature of Physician _____

Date _____