**Template for Submitting**

**Siddha Yoga Sadhana Experiences**

*Please use this template for writing about your experiences*

*and submitting your share to* Shaktipunja-storyarchive@syda.org

**Written by:** [First Name or Spiritual Name and Last Name]

**Date Submitted:** [Month, day, year]

**Email Address**:

**City/State/Country of residence:**

**Telephone Numbers:**

* **Home:**
* **Cell:**

**Year began following the Siddha Yoga path**:

**Title**: *[Insert a title of your experience.]*

*[Write your experience in the space below.]*

**Permissions**

**For Those 18 years and Older**

* If you are over 18, please read and complete this permission form.
* Email this completed document along with your story to: Shaktipunja-storyarchive@syda.org

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am over 18 years of age and give permission for the above text to be used by the SYDA Foundation on the Siddha Yoga path website, or in any other SYDA Foundation publication or event. I also give permission for my share to be edited and translated.

I understand that by sending this agreement by email to the SYDA Foundation and by typing my name in the line below marked “Signature,” I:

* Acknowledge that I understand and am agreeing to the terms of this agreement.
* Confirm that I have read and understood, and that I agree to, the SYDA Foundation Privacy Policy ([www.siddhayoga.org/privacy](http://www.siddhayoga.org/privacy)) and consent to the processing and storage of my personal data in accordance with the terms of the SYDA Foundation Privacy Policy.

Signature: (Type your first and last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional:** By signing below, I also give permission to the SYDA Foundation to use my name on the Siddha Yoga path website in connection with posting this text.

Signature: (Type your first and last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions - For Those under 18 years of Age**

If you are younger than 18 years of age, please arrange to print and have both of your parents sign the form below. If you have one parent/guardian, please arrange for that person to sign. One of your parents/guardians then needs to scan/photograph the signed form and send it with your story to Shaktipunja-storyarchive@syda.org

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent(s) or legal guardian/s of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child, age\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of whom I/we have legal custody, hereby grant and release to the SYDA Foundation, permission for the above text to be used by the SYDA Foundation on the Siddha Yoga path website, or in any other SYDA Foundation publication or event. I/We also give permission for my/our child’s share to be edited and translated.

I/We also understand that my/our child’s age and location of residence may be used in connection with any posting or use of the text.

I/We represent that we have the right and authority to grant this permission on behalf of my/our minor child and agree to indemnify SYDA from any contrary claims by any third party.

This permission agreement shall be deemed made in the State of New York, United States of America, and shall be governed by and construed in accordance with the laws of the State of New York and the United States of America.

I/We understand that by sending this agreement by email to the SYDA Foundation and by typing my/our names in the line below marked “Signature,” I/we:

* Acknowledge that I/ we understand and are agreeing to the terms of this agreement.
* Confirm that I/we have read and understood, and that I/we agree to, the SYDA Foundation Privacy Policy ([www.siddhayoga.org/privacy](http://www.siddhayoga.org/privacy)) and consent to the processing and storage of my/our minor child’s personal data in accordance with the terms of the SYDA Foundation Privacy Policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_