

BREATHWORK WAIVER

NOTE: This is an important legal document. Please read carefully, initial each paragraph and sign at the bottom only if you agree:

I realize that Breathwork is a powerful experiential tool for accessing my own inner healer and can greatly intensify my transformational process. Through the process of deep breathing and music, I will embark on a journey into the soul. Because this process can potentially bring up intense emotions and strong physical experience, I have been advised that it is not recommended for those with certain types of cardio-vascular problems, epilepsy, recent surgery, pregnancy, mental health issues, psychosomatic issues, chronic asthma, chronic disease, infectious disease, other physical limitations or emotional problems.

Initial _____

I hereby acknowledge that I have no such problems or conditions as listed above, or any other physical, mental or emotional conditions that would prevent me from participating in a Breathwork immersion. I have fully disclosed my physical, mental and emotional background to the facilitators involved prior to my participation. I realize that all staff, assistants, volunteers and/or agents are here only as a guide to my process and that none of the staff, assistants, volunteers and/or agents are here to replace any form of traditional mental or health treatment. I have spoken with any and all mental and physical health care professionals that I believe would be necessary to ask whether I would be an appropriate candidate to participate in the Breathwork process, based on my physical, emotional and mental health history and current condition(s). I hereby attest that there is no reason why I should not be able to participate.

Initial _____

To this purpose, I _____ voluntarily participate in the Breathwork process and release and hold harmless The Sacred Breath Team and all affiliates for any and all acts of omissions which may constitute ordinary negligence. I accept full responsibly for my own physical, mental, emotional and spiritual wellbeing. I further attest and acknowledge that this release is intended and shall apply to my heirs, beneficiaries and assigns.

Initial _____

I further understand that spiritual and emotional counseling, breathwork, yoga, meditation instruction and any other form of alternative healing should not be construed as a substitute for medical/psychiatric examination, diagnosis or treatment and that I am responsible for seeking out the specific attention I need, should I need it.

Initial _____

Printed Name _____ Signature _____

Date _____