Conscious Connected Breathwork Waiver

Thank you for choosing to participate in conscious connected breathwork session. Please read the following information carefully before proceeding. Your safety and well being are our top priority.

Participant Information

Name ……..

Date…….

Acknowledgement and consent

1- **Understanding breathwork:** I understand that conscious connected breathwork involves intentional breathwork techniques designed to promote emotional and physical well-being. I acknowledge that this practice can bring up strong emotions and physical sensations.

2- **Health Considerations:** I confirm that I am in good health and do not have any medical condititions that would prevent me from safely participating in this breath work session. I have disclosed any relevant health conditions to the facilitator, including but not limited to

- Heart conditions or arrhythmia
- Respiratory Conditions (e.g, asthma, COPD)
- High or low blood pressure
- Epilepsy
- Delicate pregnancy
- Bi-polar disorder, schizophrenia or psychosis
- Untreated/severe PTSD
- Detached retina or glaucoma
- History of strokes or seizures
- Recent major surgery

3- **Voluntary Participation:** I understand that my participation in this breathwork session is entirely voluntary. I am free to stop at any time if I feel uncomfortable or unwell.

4- **Potential Risks:** I acknowledge that while breathwork can be deeply therapeutic, it may also bring up intense emotional or physical responses. These might include but are not limited to:

    - Emotional release (Cry, laughing)
    - Physical sensations (Tingling, dizziness)
    - Temporary discomfort

5- **Personal responsibility:** I agree to take full responsibility for my well being during the session. i will listen to my body and mind and communicate with the facilitator if I need support or wish to stop the practice.

6- **Facilitator Role:** I understand that the facilitator is there to guide and support me through the breathwork session. They are not medical professionals and this session is not substitute for professional medical advice, diagnosis, or treatment.

7- **Confidentiality:** I acknowledge that any personal information shared during the session will be kept confidential by the facilitator. I also agree to respect the confidentiality of the other participants.

8- **Emergency Contact:** I have provided an emergency contact who can be reached during the session if needed.

Emergency name……..……..

Emergency contact number……

Waiver and Release of liability

By signing this waiver, I release the facilitator and the hosting organization from any liability for any injuries, physical or mental, that may occur during or as a result of the breath work session. I accept full responsibility for my participation and any consequences thereof.

Signature

- **Participant signature** ……
- **Date** ……..