

Waiver of Responsibility

I, _____, understand that Integrative Breathwork is an active breathing practice that normally elevates a persons heart rate, creates episodes of emotional reactivity that can result in a cathartic emotional release, accesses my subconscious memories, and can introduce states of physical, emotional, mental and psychological change different than those I currently experience.

I am aware of the potential physiological and psychological effects that the prolonged deep breathing process may introduce into my physical, emotional and mental bodies, and enter into this practice with the specific intention of accessing the states addressed previously, and experiencing precisely these states in an attempt to investigate, address, and cause change to the current physical, mental and emotional state that I exist in.

I declare that I have not taken any alcohol or drugs of any kind in the last 48 hours (other than what may have been prescribed to me by a certified medical doctor). I am coming to this experience of Integrative Breathwork without being under the influence of any intoxicants or substances.

I declare that I have no physical, mental, or psychological condition that prevents me from participating in this practice. These include, but are not limited to, heart disease or abnormal arrhythmias, high or low blood pressure, respiratory illness or distress, circulatory or cardiovascular disease of any kind, or any other such condition as may be heightened, deepened, induced or aggravated by the Integrative Breathwork practice.

I understand that there is physical contact in the form of pressure points used in the process, as well as the potential for sound healing and energy work, and agree to their use in ways consistent with standard practices and trainings of the facilitators of this breathing modality.

I indemnify and save harmless, from any and all responsibility for the performance and effect of and to myself, the host, facilitators, assistants, owner of the facility, and Blissful Life Events from any punitive or financial responsibility that may arise as a result of my participating in the Integrative Breathwork Process.

In signing this document, I accept responsibility for the performance and the effect of all aspects of the Integrative Breathwork process introduced at this event.

Print Name

Signature

Date