

Terms and Conditions Waiver

I acknowledge that Somatic Release Breathwork™ is a deep and powerful process. I have notified the practitioners of any physical injuries, mental or psychological conditions I have. I engage in this experience willingly and take full responsibility for my own physical, mental and emotional experiences during and after the session.

Contraindications

Somatic Release Breathwork™ is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. It is not appropriate for pregnant women, for persons with cardiovascular problems, including angina or heart attack, high blood pressure, glaucoma, retinal detachment, osteoporosis, history of seizures, stroke, major psychiatric conditions, recent surgery, acute infectious illness or epilepsy. If you have any doubt about whether you should participate, please consult with your primary care physician. Persons with asthma should bring their inhaler and consult with their primary care physician.

Release

I hereby release and hold harmless **Assil Kubaisi** from any and all results that arise during or from the Somatic Release Breath-work. I waive all rights under law regarding the same. I or my representative(s) agree to full release and hold **Assil Kubaisi** harmless from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Recording

I, hereby grant Assil Kubaisi the right to record my image, likeness, and voice on video and to use the resulting footage For Educational and Marketing purposes.I understand that the video footage may be used in various forms of media, including but not limited to websites, social media platforms, and other online venues. I understand that the footage may be used for an indefinite period of time.I acknowledge that I have voluntarily agreed to participate in the video recording and that I have been fully informed of the potential uses of the resulting footage. I understand that I will not receive any compensation for the recording or for the use of the footage. I consent to the recording and release of the video footage and release Assil Kubaisi from any liability arising from such recording and release.

Attestation of good health

I hereby confirm that I have read and understood the above information and attest that my general health is good to participate .