

Participant Agreement + Consent Waiver

Thank you for booking your 1:1 Breathwork Experience with SPIRIT BREATHWORK I am so pleased to work with you. Please complete the information required as you must be ready for such a transformational experience with us. I need you to be mentally, physically, emotionally, and spiritually ready for this work.

By completing a financial transaction, I acknowledge and agree to the terms outlined in this Participant Agreement and Release. If you have any questions or need clarification, please reach out to us before making your investment. Your understanding and agreement are essential for your participation in all 1:1 sessions which may include Breathwork, Sound Healing, Yoga, Cacao Ceremonies, and team-building exercises.

Participant Responsibilities

I acknowledge that I am participating in a 1:1 Breathwork session to inspire my personal growth and transformation. I understand and accept that I am solely responsible for my well-being, perceptions, and actions during and beyond the Breath Journey. Under no circumstances will SPIRIT BREATHWORK or any of its associates be held responsible for my actions or circumstances.

Release of Claims

I, on behalf of myself and my heirs, guardians, and legal representatives, hereby release, waive, and discharge any claims against , its associates, affiliates, and family members. I understand that the session aims to create a sacred space of trust and privacy. I affirm that my health, respiratory system, and bodily functions are suitable for participation, and I enter this workshop willingly, assuming full responsibility for my experience.

Conduct

I commit to seeking support and clarity when needed and following all instructions provided during my 1:1 session

Acknowledgment

I have carefully and thoroughly read and understood this agreement. I am aware that my financial investment signifies my legal agreement to the terms outlined above.

PARTICIPANT INFORMATION:

- NAME: Mel Mienie & Dion Massey
- EMAIL: melhoney2020@gmail.com
- MOBILE: 0279459502
- EMERGENCY CONTACT: Aiden
- MOBILE: 0279797313

MEDICAL INFORMATION + HISTORY -

Please answer the below questions about your medical history (y/n next to each column). Please provide more information in the text section below on any questions you have answered yes to.

Do you have any Heart/Respiratory Conditions?	No
Are you Pregnant?	No
Have you been hospitalised for any Mental Health conditions?	No
Do you suffer from Depression and or Anxiety?	No
Are you seeing a GP or any other medical professional?	No
Have you been diagnosed Bipolar or Schizophrenic?	No
Are you currently taking any medication?	No

Please provide additional information below on any questions you have answered 'Yes' to above.

Acknowledgment, Authorization and Waiver

PLEASE READ AND UNDERSTAND WHAT YOU ARE AGREEING TO by completing your financial transaction. If you have any questions or need clarity, please reach out to me before making your investment. I acknowledge that I am here to inspire my own personal growth and transformation. I alone am responsible for the well-being and perception of my life. I take full responsibility for my individual experience and outcome associated with my involvement with Spirit Breathwork Breathes and beyond. Under no circumstances will (**Jarnia Kupe**) or any associates be held responsible for my actions or circumstances.

Heirs, guardians, and legal representatives of/and of (**Mel & Dion**) hereby and forever release, waive, and discharge any claims against (**Mel & Dion**) and any of their associates, affiliates, or family. I acknowledge that this online workshop intends to provide a sacred space of trust and privacy for those involved.

I ensure that my health, respiratory system and bodily functions are fit to participate in the workshop and I enter this workshop of my own free will, taking full responsibility for any outcomes of my experience.

As a participant of 1:1 Breathwork, I agree to honour the sanctity of confidentiality while immersed in the session, and at any time I feel the need I will ask for support and/or clarity of the objective and processes involved. I will ensure that follow all directions that are given to me at all times during the workshop.

I have carefully and thoroughly read and understand this agreement. I am aware that with my financial investment, I am agreeing to, and I am legally bound. I accept these terms with gratitude for my individual free will choice.

I acknowledge that all information I provided in this form is true and accurate.

Participants signature: Mel Mienie, Dion Massey

Date signed: 22/07/2024