

If you answer “Yes” to one or more of the following questions below, you **must** consult your physician before engaging in Breathwork. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition. Do you have or had any of the following?

- Cardiovascular Disease
- Angina
- Heart Attack
- High Blood Pressure
- Glaucoma
- Retinal Detachment
- Osteoporosis
- Recent Injury or surgery
- Any condition for which you take regular medication
- History of Panic attacks, psychosis, and disturbances
- Severe mental illness
- Seizure disorders
- Family history of aneurysms
- Frequent dizziness or vertigo
- Pregnant

I, the undersigned participant, hereby acknowledge that I am voluntarily participating in a Breathwork session facilitated by Jen, a Breathwork guide. I understand that the Breathwork session may involve deep and intentional breathing exercises, and I am aware that such activities may carry inherent risks.

I acknowledge and understand the following:

Voluntary Participation: My participation in this Breathwork session is entirely voluntary, and I have chosen to participate of my own free will. I take full responsibility for my own health and well-being during the Breathwork sessions. I agree to follow the instructions and guidance provided by the Coach during the Breathwork sessions to the best of my abilities. I understand that I have the right to modify or discontinue any technique or exercise at any time.

Health and Medical Conditions: I affirm that I am in good health and do not have any medical or psychological conditions listed above that would make participation in the Breathwork session inadvisable. I have consulted with a medical professional if I have any concerns about my ability to participate in Breathwork.

Assumption of Risks: I acknowledge that there are inherent risks associated with the practice of Breathwork, including but not limited to changes in emotional state, physical sensations, and altered states of consciousness. I am voluntarily assuming all risks associated with the Breathwork session.

Release of Liability: I, for myself and on behalf of my heirs, executors, and assigns, hereby release and discharge Jen, the Breathwork guide, from any and all claims, liabilities, actions, demands, expenses, and any other legal rights of action, whether known or unknown, arising out of or in connection with my participation in the Breathwork session.

Responsibility for Personal Property: I am solely responsible for the safety and security of my personal belongings during the Breathwork session, and I understand that Jen is not responsible for any loss or damage to personal property.

I have read and understand this Liability Waiver and Release of Liability, and I am signing it freely and voluntarily without any inducement. I understand that this document is legally binding and that I am giving up certain legal rights by signing it.