

Waiver

I acknowledge that SomatIQ 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

SomatIQ 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 _____ 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 _____ 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).

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.

Participant's Printed Name: _____

Participant's Signature: _____

Date: