

DISCLAIMER FOR BREATHWORK

Name

Date of Birth

Lives in

I declare that I am not recognizing myself in any of these contraindications below.

- Pregnancy
- Asthma
- Epilepsy
- Detached retina
- Glaucoma
- Uncontrolled high blood pressure
- Cardiovascular Diseases (including prior heart attack)
- Mental disorders (manic disorder, bipolar disorder, schizophrenia, obsessive compulsive disorder (OCD), paranoia, psychotic episodes, depersonalization, etc.)
- Strokes, TIA's, seizures or other brain/neurological conditions
- A history of aneurysms in your immediate family
- Use of prescription blood thinners
- Hospitalized for any psychiatric condition or emotional crisis within the past 10 years

- Osteoporosis or physical injuries that are not fully healed
- Acute somatic and viral diseases
- Chronic obstructive pulmonary disease (COPD-II and COPD-III)
- Chronic diseases with symptoms of decompensation or terminal illness
- Individual intolerance of oxygen insufficiency
- Vaccinations in the last 7 days
- Cancer, unless IHT is prescribed by a doctor
- Low Impulse Control

I understand that there are no current studies that have shown any risk linking breathwork and COVID-19 vaccinations.

I also understand that if I have been vaccinated against COVID-19 or received any boosters, I am participating in breathwork at my own risk.

I understand that if any of these above mentioned issues are applicable to me, I am obliged to inform the facilitator about this. If I choose to participate without the facilitator knowing these conditions, the participation will be on my own risk and I am responsible for the consequences resulting from this session.

I understand that I am fully responsible for my own health (emotional and physical) and I am in a good condition when entering the Breathwork session. I am participating on my own risk at all times.

I understand that I have to be clean of alcohol and substances for at least 24 hours prior to the Breathwork session. It is my own risk to participate to the session whilst have taken alcohol or (prescription) drugs.

I understand that Breathwork is an alternative healing modality and should never be used as a substitute for direct medical treatment. Everyone attending a Breathwork ceremony is responsible for seeking medical advice, should they need medical help.

I understand that by accessing a Breathwork session I can experience an altered state of consciousness and I can be confronted with past pain and trauma that has been suppressed, avoided or forgotten. Breathwork is a powerful tool to heal these deep rooted (emotional) pains. However there is never given any guarantee, a warranty or a or a prediction that I will be able to access this awareness during the session(s).

I hereby declare that I am healthy and fully able to participate in a Breathwork ceremony

Date

City

Signature