Conscious Connected Breathwork Consent Form and Terms & Conditions

For In-Person and Online Workshops and 1:1 Sessions with Niki Ralph

**Client Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Conscious Connected Breathwork (CCB) is a holistic practice aimed at enhancing mindfulness, self-awareness, and emotional resilience. It helps individuals reconnect with themselves, process and release suppressed emotions and build a strong mind-body connection for healing and personal growth. CCB involves a rhythmic breathing technique through the mouth that may evoke intense emotional, physical, or mental experiences.

By signing this consent form, you acknowledge that you have been fully informed of the potential benefits and risks of participating in Conscious Connected Breathwork sessions.

**1. Contraindications**

Conscious Connected Breathwork is not recommended for individuals with:

• Epilepsy or any seizure disorders

• Glaucoma

• Detached retina

• Recent eye surgery

• History of aneurysms

• Severe mental health disorders, including Bipolar Disorder, Borderline Personality Disorder, Psychosis, Schizophrenia, or Complex PTSD

• Pregnancy in the first trimester

Please indicate if you have any of the above conditions:

[ ] Yes

[ ] No

If you are pregnant and in your second or third trimester, please consult with your physician and obtain verbal clearance before participating. By signing below, I confirm that I have received verbal clearance from my healthcare provider.

**2. Medical Advice Disclaimer**

Conscious Connected Breathwork is a complementary therapeutic practice and is not a replacement for medical advice or treatment. You should continue with any prescribed treatments and consult your healthcare provider to determine if CCB is suitable for you.

**3. Assumption of Risk and Informed Consent**

By signing below, you agree to voluntarily assume all risks associated with Conscious Connected Breathwork, including potential temporary effects such as:

• Dizziness

• Tingling sensations in the body

• Irregular or racing heartbeat

• Chest discomfort

• Muscle spasms or tetany

• Changes in vision or ringing in the ears

• Intense emotional responses or distress

What to do if you experience discomfort during a session:

• For physical sensations such as dizziness, chest pain, or muscle spasms, pause the session immediately and inform the facilitator.

• If overwhelming emotions arise, slow your breathing or stop altogether to regain comfort.

• For persistent symptoms, seek medical advice promptly.

By signing below, you confirm that you have read and understood these potential effects and agree to proceed with full responsibility for your participation.

**4. Adaptation of Your Session**

Please inform your facilitator if you have any of the following conditions so your session can be adapted to ensure your safety:

• Heart conditions

• High or low blood pressure

• Respiratory illnesses, asthma please bring an inhaler

• Eye problems

• Mental health issues

Do you have any of the above conditions?

[ ] Yes

[ ] No

By signing below, you agree to disclose any conditions requiring adaptations.

**5. Confidentiality**

All information shared during sessions will be kept confidential in accordance with UK GDPR regulations. Your information will only be shared if required by law or with your explicit consent.

**6. Drug and Substance Use**

Conscious Connected Breathwork can induce altered states of consciousness. Participating under the influence of illegal substances or psychoactive drugs is prohibited.

Combining CCB with microdosing, even with legal substances, can amplify emotional responses and potentially worsen mental health symptoms. This practice is strongly discouraged.

By signing below, you confirm that you are not under the influence of any substances during the session and accept the risks of combining substance use with CCB.

**7. Online Session Safety and Responsibilities**

**Limitations of Online Sessions:**

The facilitator cannot provide immediate physical assistance during online sessions. It is your responsibility to ensure a safe and comfortable environment free from distractions and any hazards to minimise any risks of physical injury. If you need to get up and go to the bathroom etc, to take it slowly (as you may feel dizzy), and agree to give us a hand signal and look at the camera to let us know you are ok. If in person, we will stand close by to offer physical support.

**Self-Monitoring:**

• Monitor your physical and emotional state throughout the session.

• If you experience discomfort or intense sensations, pause or stop the session and notify the facilitator.

• Take necessary steps to maintain your well-being during and after the session.

**Internet and Equipment:**

Reliable internet access and functioning audio/video equipment are essential for participation. The facilitator cannot be held responsible for technical issues that interrupt the session.

**8. Acknowledgment of Physical and Mental Capacity**

By signing below, you confirm that you are physically and mentally capable of participating in Conscious Connected Breathwork sessions. You agree to inform the facilitator of any medical conditions that may require adaptations.

**9. Release of Liability**

In consideration of being allowed to participate in Conscious Connected Breathwork sessions, you agree to:

• Release and discharge the facilitator from liability for injuries or damages resulting from participation, except in cases of proven negligence.

• Acknowledge your full responsibility for self-care during and after online sessions.

• Accept that online participation may have limitations in facilitator support.

By signing below, you confirm that you understand and accept the risks and limitations of participating in Conscious Connected Breathwork.

**Agreement and Informed Consent**

I have read, understood, and agreed to the terms outlined in this consent form. I confirm that the information provided is accurate to the best of my knowledge.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Declaration

**Declaration of Understanding and Responsibility**

I confirm that I have been fully informed about the nature of Conscious Connected Breathwork (CCB), including its potential benefits and risks. I acknowledge that participation in CCB sessions, whether in person or online, is voluntary and undertaken at my own risk.

I understand that Conscious Connected Breathwork is a complementary practice and not a substitute for medical advice, diagnosis, or treatment. I agree to continue with any prescribed treatments from my GP or specialist and consult them before beginning breathwork sessions if I have any medical conditions.

I also understand that:

• If I experience any physical discomfort, emotional overwhelm, or intense sensations during a session, I will take immediate action by pausing or stopping the session.

• If any concerning symptoms persist, I will seek medical advice or emergency assistance promptly.

• I am responsible for creating a safe and comfortable environment for online sessions and will ensure I have a reliable internet connection and functioning audio/video equipment.

By signing this document, I confirm that I have read and understood the information provided and consent to participate in Conscious Connected Breathwork under these terms.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_