



9D BREATHWORK PARTICIPANT FORM & LIABILITY WAIVER

Name: _____
Address: _____
Email: _____
Phone: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone: _____

Health Information

Please answer the following to help me ensure your safety:

1. Existing medical conditions (please list):

2. Current medications (if any):

3. Recent injuries or surgeries (if any):

4. Are you pregnant? Yes _____ No _____

5. Do you have allergies (e.g., food, medication)? _____

6. Do you experience any of the following?

- ☐ High blood pressure ☐ Low blood pressure
☐ Heart conditions ☐ Respiratory conditions (e.g., asthma)
☐ Joint or muscular issues ☐ Chronic pain
☐ Diabetes ☐ Other health concerns or considerations (Please list below)

7. Is there any other information you believe your facilitator should know about you?

Breathwork Liability Waiver Form

We prioritise the safety and well-being of all our participants, and as part of our commitment to ensuring a secure environment, we require the completion of this Liability Waiver Form.

A breathing session may not be suitable for you if you have the following conditions:

Cardiovascular problems, abnormally high blood pressure, aneurysms, epilepsy and seizures in the past, anyone taking heavy medication, severe psychiatric symptoms especially psychosis or paranoia, bipolar, osteoporosis, recent surgery, glaucoma or is currently pregnant. Anyone experiencing an emotional or spiritual crisis or any person with a mental illness who is not in treatment or lacks adequate support.

People with asthma should bring their own inhaler and consult with their physician and breathing session instructor before participating. (Modification-Nose breathing)

Please note, this list is not exhaustive and we generally advise that if you have a question about a condition you may have that is not listed here, you consult a physician before participating in these breathing sessions.

I warrant and represent that I am in good health physically, mentally, psychologically and emotionally, and I understand and warrant that if I am not in good health I will not be allowed to perform the activities and sessions. Accordingly, the declaration and certification that I am in good health in all the above-mentioned respects constitutes a material agreement to allow me to participate in the breathing sessions.

I know and acknowledge that the person facilitating is not a doctor or psychiatrist, or a specialist in health care, and that the activities offered are not intended to treat and diagnose specific medical conditions, whether physical, psychological or emotional.

I voluntarily participate in these activities knowing the risks and consequences and agree to assume all consequences, known or not.

I release Monica Braithwaite from all responsibilities, costs and damages that may arise from participating in the above-mentioned activity.

I agree to accept financial responsibility for costs related to treatment.

By adding my name below, I acknowledge that I have read the above warning and agree to proceed with full responsibility, and understand that I have waived certain rights by signing and signing this release of liability freely and voluntarily without any external influence.

Signed by:_____

Date:_____

Signature:_____