

Breathwork with Matt WAIVER & RELEASE AGREEMENT

This Waiver and Release Agreement ("Agreement") is entered into between **Matt Gasmovic** ("Coach") and the undersigned participant ("Client") for participation in breathwork, meditation, and related coaching sessions ("Sessions").

1. Voluntary Participation & Assumption of Risk

I understand that breathwork and related practices may involve intense physical, emotional, or energetic experiences. I voluntarily choose to participate in these Sessions and assume full responsibility for my physical, emotional, mental, and spiritual well-being.

I acknowledge that these practices may bring up strong emotions or sensations and that it is my responsibility to listen to my body and participate at a level that feels safe for me. I release the Coach from any liability for injuries, emotional distress, or other claims arising from my participation.

2. Not a Substitute for Medical or Mental Health Care

I understand that breathwork and coaching are **not medical or psychotherapeutic treatments**, nor a substitute for professional medical, psychological, or psychiatric care. I agree to consult my physician or therapist if I have concerns about participating, especially if I have a history of respiratory, cardiovascular, or psychiatric conditions.

I acknowledge that I am participating at my own risk and that no diagnosis, treatment, or medical advice will be provided.

3. Confidentiality

I understand that all personal information shared during Sessions is **strictly confidential**. The Coach agrees not to disclose or discuss anything shared during Sessions without my written consent, except where disclosure is required by law (e.g., imminent harm to self or others, abuse, or court order).

4. Release of Liability

In consideration of being allowed to participate, I hereby release and discharge **Matt Gasmovic**, his agents, employees, contractors, and affiliates from all claims, liabilities, demands, or causes of action arising out of or connected with my participation in these Sessions.

5. Personal Responsibility

I affirm that I am over 18 years old and mentally competent to consent. I take full responsibility for my choices and actions before, during, and after Sessions. I understand I may stop participating at any time.

6. Acknowledgment & Signature

I have read this Agreement, fully understand its terms, and sign it freely and voluntarily. I agree that this document shall be binding upon me, my heirs, and any representatives.

Client Signature: _____ Printed _____
Name: _____ Date: _____