



Client Waiver and Release Agreement

Thank you for choosing Divya for your holistic breathwork, coaching, and healing services. This waiver and release agreement outlines your responsibilities and our commitment to creating a safe, transformative experience for you. Please read carefully and sign to acknowledge your understanding and agreement.

1. Acknowledgement of Services

I understand that Divya provides holistic services, including somatic breathwork, coaching, and other wellness practices. I acknowledge that these services are not a substitute for medical, psychological, or psychiatric care. I confirm that I am participating voluntarily and take full responsibility for my physical, mental, and emotional well-being.

2. Health Disclosure: I certify that I have disclosed any medical conditions, mental health concerns, injuries, or medications that may affect my participation. I understand that I should consult with my healthcare provider before participating if I have concerns about my suitability for these services. Specific conditions I am aware of include (please list all if applicable)

3. Assumption of Risk

I acknowledge that holistic practices, including breathwork, may involve physical and emotional releases. I understand that these experiences may bring up intense emotions or physical reactions, such as lightheadedness, tingling, or temporary discomfort. I assume all risks associated with participating in these activities and release Divya and its representatives from liability for any adverse effects or injuries that may occur.

4. Release of Liability

I agree to release and hold harmless Divya, its owner, employees, and affiliates from any and all liability, claims, or demands that may arise from my participation, except in cases of gross negligence or willful misconduct.

5. Confidentiality

I understand that all personal information shared during sessions is confidential and will not be disclosed without my consent, except as required by law.

6. Cancellation Policy

I acknowledge that cancellations of less than 48 hours of a scheduled session or no-shows are non-refundable. Cancellations made 48 hours or more in advance are eligible for a refund or rescheduling.

7. Photography and Media Release: I consent to the use of any photos or videos taken during group sessions or events for promotional purposes. (Please check one):

Yes
No

8. Emergency Contact: In case of emergency, please contact: (Provide name in box below)

Phone Number:

Relationship:

9. Agreement and Signature

By signing below, I confirm that I have read, understood, and agree to the terms outlined in this waiver. I acknowledge that my participation is voluntary and that I assume full responsibility for my experience.

Name Print

Date

Month Day Year

For Participants Under 18 If the participant is under 18 years of age, a parent or legal guardian must sign below:

Name of ParentGuardian Print

Date

Month Day Year

