



Consultation Form for Shining Circle Breathwork Parties and Sunbeam Synergy Sessions and Radiant Roots

Which session will you be participating in?

Shining Circle Breathwork Party

Sunbeam Synergy Session

Radiant Roots Session

Name

Organization name if applicable

Email

example@example.com

Phone Number

Emergency Contact Name: Emergency Contact Phone

Emergency Contact Name

What is the purpose or focus of your party or event?

What are your primary intentions or goals for this session?

Have you or your guests participated in breathwork or similar holistic practices before?

Yes

No

If yes please describe your experience

Are there any known health conditions or considerations among your guests that the facilitator should be aware of? (e.g., heart conditions, pregnancy, anxiety, etc)

2 Are there any accommodations or special needs required for participants during the session?

1 What is the total number of expected participants?

2 Will you provide the necessary setup e.g. mats blankets pillows or do you require assistance with these items?

3 Is there anything specific about the event location e.g. indoor or outdoor space noise considerations that the facilitator should know of?

Will refreshments or breaks be included during the event?

Yes

No

If yes please provide details

Agreement and Acknowledgment By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that this session is not a substitute for medical or psychological care for participants and that I am responsible for informing participants of their role in maintaining their well-being during and after the session.

Host Name Print

Date

Month Day Year