



## Waiver of Liability for Somatic Release

**Somatic Release** is a dynamic therapeutic process that combines a variety of somatic tools/techniques. Sessions are personalized and co-created by a combination of;

- a) client intake (symptoms, history), intentions and comfort/resonance with practices, and
- b) practitioner observations, training, and use of inquiry and intuition within the session.

**Based on the above, personalized Somatic Release sessions may include, I give permission to any of the following (discuss any concerns/hesitations);**

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|  | <b>1) Somatic Inquiry</b> - Discussion with pauses to connect with felt sense (story and related state)   |
|  | <b>2) Somatic Movement</b> – Gentle, guided and intuitive movement to unwind, release myofascial restrictions, improve ROM, explore possibilities, etc.   |
|  | <p><b>3) Conscious Connected Breathwork</b> - A dynamic breathing practice that may catalyze cathartic emotional and physical releases and potentially access previously unconscious memories. The practice may produce temporary changes to normal physical, mental, emotional and psychological states including, but not limited to;</p> <ul style="list-style-type: none"> <li>• Elevated heart rate, temperature fluctuations</li> <li>• Temporary changes to blood O2 and CO2 levels</li> <li>• Muscular tensions, strong bodily sensations</li> <li>• Remembering stressful or traumatic unconscious experiences</li> <li>• Emotional release</li> <li>• Non-ordinary states of consciousness</li> </ul> |
|  | <b>4)</b> Therapeutic alignment principles, postures, and props from Hatha Yoga   |
|  | <b>5)</b> Myofascial release using rubber balls (Bodymind Ballwork)   |
|  | <b>6)</b> Inquiry & Coaching to assist with motivation, integration and transformation.   |
|  | <b>7)</b> Gentle touch, manual adjustments (with permission first) and use of props (i.e. bolsters, cushions, yoga strap)   |



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I am engaging this experience for personal exploration and possible healing. I declare (check/circle);

|        |  |                    |
|--------|--|--------------------|
|        | I am <b>not</b> currently experiencing contagious respiratory disease symptoms (fever, coughing, sore throat, swollen glands, body aches)  | Details;           |
|        | I <b>have</b> informed practitioner of medications and natural remedies I am currently taking. I will inform my practitioner if this changes.  | Details;           |
| circle | I <b>have / have not</b> consumed drugs or plant medicines (including micro-dosing) in the last 48 hours. If I do prior to future sessions, I will notify my practitioner ahead of time.   | Details;           |
|        | <p>I do <b>NOT</b> need precautions due to;</p> <ul style="list-style-type: none"> <li>• Cardiovascular disease, uncontrolled high or low blood pressure, abnormal arrhythmias</li> <li>• Advanced kidney disease or unmanaged diabetes</li> <li>• Pregnancy</li> <li>• Concussion, glaucoma, detached retina</li> <li>• Major psychological diagnosis/symptoms (Schizophrenia, Bi-polar, Dissociative Identity, Severe Depression, PTSD, cPTSD, other)</li> </ul> | If so, which ones? |

I consent/agree to/understand (check);

|  |  |
|--|--|
|  | My participation in the Somatic Release process and release <i>Joy Somatics</i> and Joy Onyschak from any and all claims or costs in respect to loss, damage, bodily injury or death to persons, including myself or to property, which may arise out of my participation in this process. |
|  | That all exercises and activities undertaken are at my own risk and that can request to pause the process at any time.   |
|  | Singular/sporadic sessions may produce insight, physical/emotional release of held tension patterns, and while these practices may produce temporary changes physically, mentally and emotionally, lasting change may take regular sessions to achieve and can never be guaranteed.        |

|            |  |
|------------|--|
| Print Name |  |
| Signature  |  |
| Date       |  |