## Conscious Connected Breathwork Attendee Waiver & Email Permission

Location:	Date:
Location.	Date.

Conscious Connected Breathwork is a dynamic breathing practice that may catalyze cathartic emotional releases and potentially access previously unconscious memories. The practice may produce temporary changes to my normal physical, mental, emotional and psychological states including, but not limited to;

- Elevated heart rate, Temperature fluctuations
- Muscular tensions, Strong bodily sensations
- Remembering stressful or traumatic unconscious experiences
- Emotional release, non-ordinary states of consciousness

## I am engaging this experience consciously for personal exploration and declare:

- I've not consumed Recreational Drugs within 24 hours and/or will inform facilitators if otherwise.
- I am not currently experiencing the following (and if so, have spoken to facilitator about prior);
  - Cardiovascular disease, uncontrolled low or high blood pressure, abnormal arrhythmias
  - Advanced kidney disease or unmanaged diabetes
  - Contagious respiratory disease, recent surgeries
  - Severe psychological disturbances, PTSD
  - Pregnancy
  - Concussion, Glaucoma or detached retina

**Confidentiality** – Just as my attendance and personal information and experiences are confidential, I agree to maintain confidentiality of other participants.

I release facilitators and location owners from any and all claims or costs in respect to loss, damage, bodily injury to persons, including myself or to property, which may arise out of my participation in this process. I agree that all exercises and activities undertaken are at my own risk and that I can pause the process for myself at any time.

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Location:	Date:	
Signature indicates I understand the attached wa	iver.	

Print Name	Signature for waiver	Please add me to your mailing list (print email clearly)