



SLOWER PACE EMBRACE

Official Breathwork Waiver

I understand that even though I have been accepted as a participant for a breathwork session, I am responsible for any consequence resulting from any breathwork practice.

I certify that I have taken medical advice relating to any physical, mental or emotional condition that may impair my judgement, or have any effect on my physical health, and am able to undertake breathwork.

I understand that conditions such as schizophrenia, bipolar, epilepsy, heart conditions, strokes or aneurysms, glaucoma, detached retina, having recent surgeries, high or low blood pressure and pregnancy, can be contraindications to conscious connected breathwork.

I understand that if I am taking any medications or have any medical conditions then I must discuss with the facilitator before I start a breathwork.

I understand and acknowledge that a breathwork

- a) is not intended to replace any relationship I have with my medical doctor and/or primary health care provider(s);
- b) is not intended to constitute medical advice or any substitution for medical care;
- c) is not intended to be relied on for prescriptions, recommendations, diagnosis or treatment in relation to any health problem or disease;

I understand and acknowledge that, in undertaking breathwork practices I am doing so at my own risk. It is with that understanding that I voluntarily execute this release and waiver.