



I, the undersigned participant, hereby acknowledge that I am voluntarily participating in a Breathwork session facilitated by Sherrilyn, a Breathwork facilitator. I understand that the Breathwork session may involve deep and intentional breathing exercises, and I am aware that such activities may carry inherent risks.

I acknowledge and understand the following:

#1: Voluntary Participation:

My participation in this Breathwork session is entirely voluntary, and I have chosen to participate of my own free will. I take full responsibility for my own health and well-being during the Breathwork sessions. I agree to follow the instructions and guidance provided by the Coach during the Breathwork sessions to the best of my abilities. I understand that I have the right to modify or discontinue any technique or exercise at any time.

#2: Health and Medical Conditions:

I affirm that I am in good health and do not have any medical or psychological conditions that would make participation in the Breathwork session inadvisable. I have consulted with a medical professional if I have any concerns about my ability to participate in Breathwork. If I answer "Yes" to one or more of the following conditions, I must consult with my physician before engaging in Breathwork: Cardiovascular Disease, Angina, Heart Attack, High Blood Pressure, Glaucoma, Retinal Detachment, Osteoporosis, Recent Injury or surgery, Any condition for which I take regular medication, History of Panic attacks, psychosis, and disturbances, Severe mental illness, Seizure disorders, Family history of aneurysms, Frequent dizziness or vertigo, or if I am Pregnant.

- If I have any pre-existing medical conditions or if I am pregnant, I understand that my participation in Breathwork may pose additional risks to my health, which I have considered and discussed with a medical professional.

#3: Assumption of Risks:

I acknowledge that there are inherent risks associated with the practice of Breathwork, including but not limited to changes in emotional state, physical

sensations, and altered states of consciousness. I am voluntarily assuming all risks associated with the Breathwork session.

- **Changes in Emotional State:** I understand that Breathwork may lead to intense emotional experiences, including but not limited to joy, sadness, anger, and anxiety. These emotional changes can be unpredictable and may continue beyond the session.
- **Physical Sensations:** I acknowledge that during Breathwork, I may experience physical sensations such as tingling, muscle contractions, or lightheadedness.
- **Altered States of Consciousness:** Breathwork may induce altered states of consciousness, including feelings of disconnection from reality, time distortion, or hallucinatory experiences.
- **Potential Psychological Effects:** I am aware that Breathwork may surface buried memories or emotions, potentially leading to psychological discomfort, anxiety, or distress.
- **Hyperventilation:** The deep and intentional breathing involved in Breathwork may lead to hyperventilation, which can result in dizziness, shortness of breath, or tingling in extremities.
- **Physical Exhaustion:** The Breathwork session may be physically demanding, and I may experience physical exhaustion.

#4: Release of Liability:

I, for myself and on behalf of my heirs, executors, and assigns, hereby release and discharge Sherri, the Breathwork facilitator, from any and all claims, liabilities, actions, demands, expenses, and any other legal rights of action, whether known or unknown, arising out of or in connection with my participation in the Breathwork session.

#5: Responsibility for Personal Property:

I am solely responsible for the safety and security of my personal belongings during the Breathwork session, and I understand that Sherri is not responsible for any loss or damage to personal property.

I have read and understand this Liability Waiver and Release of Liability, and I am signing it freely and voluntarily without any inducement. I understand that this document is legally binding and that I am giving up certain legal rights by signing it.

First name: _____
Last name: _____
Email address: _____
Date of Session: _____
Signature (Full Name): _____