

# Consent for Breathwork

...sleep?

## By checking this box, you consent to the following:

I the undersigned do acknowledge that there is inherent risk involved when participating in or engaging in a seminar which involves self empowerment activities. By electronically signing and submitting this form, I declare that I am of sound mind and do relinquish from liability in any way shape or form from me or any party acting for me, Life & Light Chiropractic Ltd, it's Directors, associated companies, suppliers, employees or associated staff both now, or at any time in the future from any injury done by me or to me of whatsoever nature during my participation in this event.

I declare I am participating in this event of my own free will, voluntarily, and at my own risk and I also understand that no assurance guaranteeing my safety is being made. Holotropic breathwork is a powerful, experiential breathing process that may involve deep emotional, physical, and spiritual release. It can support healing, insight, and personal transformation.

However, it can also bring up strong physical sensations and emotions. For this reason, it's important that you understand the process, give informed consent, and take full responsibility for your participation.

## Health & Medical Considerations

Holotropic breathwork is not recommended for individuals with the following conditions:

- Cardiovascular disease, including angina or heart attack
- High blood pressure
- Glaucoma or detached retina
- Osteoporosis or recent physical injury or surgery
- Severe mental illness or seizure disorders
- Pregnancy

If you are under medical or psychological care, please consult your doctor or therapist before participating. Please disclose any relevant medical or mental health conditions please make us aware before attending.

## Acknowledgement & Consent

I understand that:

1. Holotropic breathwork can produce intense emotional and physical experiences, including altered states of consciousness.
2. I am voluntarily choosing to participate and take full responsibility for my own wellbeing during and after the session.
3. I will inform the facilitator of any discomfort, and I may stop the process at any time.
4. This practice is not a substitute for medical or psychological treatment, and no specific outcome is guaranteed.
5. I release and hold harmless Life & Light Chiropractic, Dr Naomi Mills, and any assisting facilitators from any and all liability, claims, or damages that may arise from my participation, except in cases of proven negligence.

## Confidentiality

All information shared during sessions is kept strictly confidential, except where disclosure is required by law or necessary for the immediate safety of the participant or others.

I understand and agree to allow the capture of my image and voice either directly or indirectly during my participation of the event and agree this may appear on video, audio or any other media means that Life & Light Chiropractic Ltd and all associated companies may required including presentation, promotion or advertising.