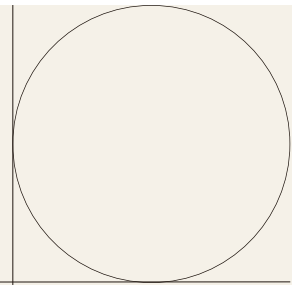


BREATHWORK WAIVER



I understand that if I am taking any medications or have any medical conditions such as, but not being limited to:

Schizophrenia, unmedicated bipolar or psychosis, unmanaged PTSD, epilepsy or seizures, heart conditions or arrhythmia, COPD or pre-existing lung conditions, delicate and/or first trimester pregnancy, high blood pressure, very low blood pressure with fainting history, severe asthma, glaucoma and/or detached retina, severe osteoporosis, or recent major surgery, that I must inform the facilitator of this course or session.

(In any of these cases, modified practice options may be offered to you. The facilitator may on occasion advise that breathwork is not suitable for you).

Whilst I have been accepted as a participant for this course, I accept responsibility for any consequence resulting from this practice. Your practitioner (Samantha Goddard) is not a substitute for consulting your GP or primary medical care provider.

In the event of any known medical conditions, I certify that I have consulted a health professional regarding any condition (physical, mental or emotional) that could interfere with my judgment or affect my health in any way during, or after the session.

In person sessions only:

I am aware that appropriate touch may be used for the purpose of supporting my wellbeing and comfort. Touch is used only with informed consent.

I have read this waiver and confirm that I take full responsibility for my own health and wellbeing.

ACCEPTANCE

Your Full Name

Signature

Date