

TRANSFORMATIONAL BREATHWORK LIABILITY WAIVER AND RELEASE

READ CAREFULLY BEFORE SIGNING - THIS AFFECTS YOUR LEGAL RIGHTS

PARTICIPANT INFORMATION

Participant Name: _____

Date: _____

Emergency Contact: _____

Emergency Contact Phone: _____

ACKNOWLEDGMENT OF RISKS AND ASSUMPTION OF RISK

I, the undersigned participant, acknowledge that I am voluntarily participating in transformational breathwork sessions and related healing activities, which may include but are not limited to:

- Intensive breathing techniques and breathing patterns
- Guided meditation and visualization
- Energy healing practices
- Emotional release work
- Sound healing and music therapy
- Movement and body awareness exercises

I understand and acknowledge that transformational breathwork involves **INHERENT AND SERIOUS RISKS** including but not limited to:

Physical Risks During Session:

- Hyperventilation leading to dizziness, lightheadedness, or fainting
- Tetany (muscle cramping or temporary paralysis of hands, feet, or face)
- Cardiovascular stress including rapid heartbeat or blood pressure changes
- Respiratory distress or difficulty breathing
- Loss of consciousness or altered states of awareness
- Physical discomfort including nausea, sweating, or temperature fluctuations

- Disorientation or confusion during or after the session
- Pre-existing medical conditions being triggered or aggravated

Emotional and Psychological Risks:

- Intense emotional releases including crying, anger, fear, or grief
- Psychological distress or overwhelming feelings
- Trauma activation or re-experiencing of past traumatic events
- Panic attacks or extreme anxiety
- Depressive episodes or emotional instability
- Disassociation or feeling disconnected from reality
- Spiritual or mystical experiences that may be disorienting

I voluntarily assume all risks associated with my participation, whether known or unknown, and whether caused by the negligence of the Released Parties or otherwise.

RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to participate in breathwork activities, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the following parties (collectively "Released Parties"):

- Valerie Irons (individually)
- Daniel Posney (individually)
- The Hummingbird House
- Aumbase Sedona
- Laughing Blue Butterfly Productions, LLC
- Sanjali Healing Arts
- Sanjali LLC
- And their respective owners, officers, directors, employees, agents, contractors, volunteers, successors, and assigns

FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES arising from or related to my participation in breathwork activities, INCLUDING CLAIMS BASED ON THE NEGLIGENCE OF THE RELEASED PARTIES, except for gross negligence or intentional misconduct.

MEDICAL AND HEALTH REPRESENTATIONS

I represent and warrant that:

- I am in good physical and mental health and able to participate safely
- I have disclosed all relevant medical conditions, medications, and psychological history
- I am not currently under the influence of drugs or alcohol
- I do not have any of the following contraindicated conditions:
 - Severe cardiovascular disease or recent heart attack
 - High or abnormal blood pressure (unless cleared by physician)
 - Glaucoma or detached retina
 - Recent surgery or serious physical injuries
 - Epilepsy or seizure disorders
 - Severe mental illness or active psychosis
 - Pregnancy (without physician approval)
 - Recent use of major tranquilizers or mood-altering drugs

I understand that I can stop the session at any time and will immediately notify facilitators of any physical or emotional distress.

INFORMED CONSENT

I understand that:

- Breathwork is not a substitute for medical or psychological treatment
 - No medical care may be readily available during sessions
 - Facilitators are not licensed medical or mental health professionals (unless specifically stated)
 - I am responsible for my own wellbeing and decision to participate
 - I may experience intense physical, emotional, or spiritual responses
 - Results and experiences vary greatly between individuals
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INDEMNIFICATION

I agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties from any claims, damages, or expenses (including attorney fees) arising from my participation or any breach of this agreement.

ADDITIONAL TERMS

- This agreement applies to all current and future breathwork sessions
 - If any provision is unenforceable, the remainder remains in effect
 - This agreement is governed by Arizona law
 - Any disputes will be resolved in the courts of Coconino County, Arizona
 - I have read and understand this entire agreement
 - No oral modifications are valid
 - This waiver is binding on my heirs, executors, and assigns
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PHOTOGRAPHIC RELEASE

I consent to the use of photographs, videos, or recordings of me taken during activities for promotional purposes.

- ☐ Yes, I consent to photographic use
- ☐ No, I do not consent to photographic use
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POST-SESSION INTEGRATION AND POTENTIAL REACTIONS

IMPORTANT: Please read this section carefully

I understand that transformational breathwork is a **deep and profound process** that may continue working in my system for **several days to weeks after the actual breathwork session**. The healing and integration process does not end when the session concludes.

Potential Post-Session Experiences:

I acknowledge that I may experience any of the following reactions in the days following my breathwork session:

Physical Symptoms:

- Flu-like symptoms including fatigue, body aches, or mild fever
- Dizziness or lightheadedness
- Extreme lethargy or need for increased sleep
- Headaches or pressure sensations

- Digestive changes including nausea or appetite changes
- Muscle soreness or joint aches
- Changes in sleep patterns or vivid dreams
- Sensitivity to light, sound, or touch

Emotional and Mental Symptoms:

- Depression or emotional heaviness
- Mood swings or emotional volatility
- Anxiety or restlessness
- Feeling overwhelmed or emotionally raw
- Crying spells or emotional releases
- Irritability or anger
- Feeling disconnected or spacey
- Memory fluctuations or processing difficulties

Energetic and Spiritual Symptoms:

- Heightened sensitivity to people, places, or energies
- Continued emotional releases or unexpected reactions
- Spiritual experiences or altered perceptions
- Changes in personal relationships or social dynamics
- Shifts in life perspective or priorities

Understanding the Integration Process:

I understand that these potential reactions are part of the natural healing and integration process. They represent:

- Releases of old traumas that have been stored in my body and energetic field
- Clearing of stuck emotions and energy patterns
- Deep cellular and energetic healing taking place
- My system recalibrating to new levels of awareness and health
- Old patterns dissolving to make space for new growth

I acknowledge that this integration process is normal and beneficial, even when temporarily uncomfortable. I understand that:

- These symptoms typically resolve within days to weeks
- I should practice extra self-care during this time
- I may need additional rest, hydration, and gentle activities
- It is recommended to avoid major decisions or stressful situations immediately following sessions

- I should seek professional support if symptoms persist or become concerning

I release the Released Parties from any liability related to these post-session integration experiences and acknowledge them as part of the natural healing process I have chosen to undertake.

ACKNOWLEDGMENT AND SIGNATURE

I HAVE CAREFULLY READ THIS ENTIRE AGREEMENT, UNDERSTAND ITS CONTENTS, AND SIGN IT VOLUNTARILY. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR DAMAGES.

Participant Signature: _____

Print Name: _____

Date: _____

Witness Signature: _____

Witness Print Name: _____

Date: _____

If participant is under 18, parent/guardian must also sign:

Parent/Guardian Signature: _____

Print Name: _____

Date: _____