

## Self-Responsibility Reclamation Form

I, \_\_\_\_\_, respect the power of this self-healing practice and acknowledge that conscious breathing has the potential to clear patterns of blocked energy, emotion and toxins. I acknowledge that thoughts, beliefs, symptoms and feelings may be brought to the surface of my awareness to be healed.

I accept full responsibility for my own experience.

I am aware and acknowledge that breathwork can create altered states of consciousness, and that I may experience such a non-ordinary state.

I also understand that I am responsible for the intensity of my breathing, and therefore have the capability of adjusting the intensity of my inner experience as needed.

I am aware that anything that arises from this breathing practice is part of my own self healing.

I respect the coaching experience of my Facilitator and agree to follow their guidance to maintain a safe healing environment for myself.

I am aware that Conscious Connected Breathwork is an active breathing practice with the potential of creating changes in my physical, mental, and emotional states. I understand that these may include an elevated heart rate, body temperature fluctuations, muscle tingling or even tension.

I realize that the potential results can include and are not limited to deep relaxation, physical detoxification, improved digestion, deeper rest and general physical health.

I declare that I have not taken any alcohol or drugs of any kind within the last 48 hours (other than what may have been prescribed to me by a medical doctor.) I am coming to this experience of Conscious Connected Breathwork without being under the influence of any intoxicants or substances.

I declare that I have no physical, mental, or psychological conditions that prevent me from participating in this practice. I verify that I have completed the required intake form and have truthfully disclosed any conditions that I may have, whether physically, mentally or otherwise.

I have informed the Conscious Connected Breathwork facilitators and assistants of any medical conditions that I may have that require special attention while practicing Conscious Connected Breathwork.

I understand that there is physical contact involved in this practice. Facilitators and assistants may contact pressure points, use various sound healing instruments, or apply energy work. I agree to their use in ways consistent with the standard practices and trainings of the facilitators of this breathing modality.

I hereby consent to the participation by \_\_\_\_\_ in the Conscious Connected Breathwork process and I agree to and do hereby indemnify, save harmless and release the host, the Breathwork facilitators, assistants, owner of the facility, or any other parties indicated or implied from any and all claims, actions, costs, expenses and demands of whatsoever kind, in respect to loss, damage, bodily injury or death to persons, including the myself, or to property, which may arise out of or in connection with the my participation in the Conscious Connected Breathwork process, unless such loss

is occasioned by or attributable solely to the gross negligence of the facilitators. I agree that all exercises and activities are undertaken at my own risk.

I acknowledge that the facilitators hereby reserve the right to request that I withdraw from the Conscious Connected Breathwork process at any time if, in the sole opinion of the facilitator, I am not acting in a responsible manner or displaying appropriate conduct, or in the event that my behavior is deemed to constitute a danger to the health, safety or well being of either myself or of other participants in the Conscious Connected Breathwork process.

Participant Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Signature of Parent or Legal Guardian: \_\_\_\_\_ (if under 18 years of age)