

Water and Grace Healing Space PO Box #7, Hyde Park, VT 05655 P: (802) 610-2181

F: (844) 689-2490

Breathwork Waiver

Purpose & Disclaimer

The practice of breathwork is not intended to replace any relationship you have with your medical practitioner(s) or primary healthcare provider. It does not constitute medical advice or serve as a substitute for medical care. Any discussions or teachings provided during breathwork sessions are not intended to be relied upon for prescriptions, recommendations, diagnosis, or treatment of any health condition or disease.

Health Conditions & Contraindications

If you are currently taking medications or have any medical conditions, such as heart conditions, high blood pressure, bipolar disorder, schizophrenia, or pregnancy (particularly early or unstable), please inform the facilitator before participating in breathwork.

If you have any of the following conditions, it is strongly advised that you consult with your doctor or healthcare provider before engaging in breathwork:

- Epilepsy
- Detached retina or glaucoma
- Severe osteoporosis (where movement could cause injury)
- History of heart attack, cardiac rhythm irregularities, or aneurysm
- Stroke, transient ischemic attack (TIA), or other neurological conditions
- Any medical, psychiatric, or physical condition that may impair your ability to safely participate

Participant Responsibility

By signing this waiver, you acknowledge and accept full responsibility for any known or unknown risks associated with participating in breathwork, including but not limited to physical injury, psychological or emotional effects, death, loss, or property damage. You also accept responsibility for your own health, your personal behavior, and your consideration of the safety of other participants.

Acknowledgment & Consent

| By reading and | l signing this wa | iver, you agre | e to partici | pate in | breatl | hworl | vol د | untaril | ly and | to re | lease |
|-------------------|-------------------|----------------|---------------|---------|---------|--------|-------|---------|--------|-------|-------|
| the facilitator a | and associated p | ractice from a | any liability | related | d to yo | our pa | rtici | pation | | | |

| Participant Signature | Date | | | | |
|-----------------------|------|--|--|--|--|
| | | | | | |
| Printed Name | | | | | |