



Breathwork waiver & Release of Liability

I have voluntarily enrolled in this Breathwork activity. I understand that I am under no obligation of any kind to participate in this Breathwork activity and I voluntarily enter this into this Waiver and Release of Liability.

I understand the Breathwork is a personal growth experience designed to enhance the quality of life, and is not a substitute for psychotherapy and does not substitute for therapy if needed, and does not prevent, cure or treat any mental disorder or medical disease. I understand that I am responsible for creating and implementing my own physical, mental and emotional wellbeing, decisions, choices, actions, and results. As such, I agree that the Breathwork facilitator(s) is not and will not be liable for any actions or inaction, or for any direct or indirect result of services provided by the Facilitator(s).

I understand that this Breathwork activity is not medically supervised and Erin Dusek is not a licensed psychotherapist nor licensed medical professional and that breathwork is not a substitute for any medical diagnosis or medical treatment.

I understand that this Breathwork activity will involve strong connected breathing and may include guided meditation. I understand that Breathwork can involve dramatic experiences accompanied by strong emotional and physical responses or releases.

I understand that I might find Breathwork physically, emotionally, and/or mentally stressful. I hereby affirm that I am in good health and able to participate in this activity. I do not have any physical or mental conditions which would impair my

ability to engage in this activity or which would otherwise endanger my health during this Breathwork activity, or which would cause any risk of harm to myself or other participants.

I have hereby been advised that I should talk to my physician and/or psychotherapist if I had any questions about my physical or mental ability to safely participate in this preferred activity. If I have chosen not to obtain a physician's consent prior to my participation in Breathwork, I hereby agree that I am doing so solely at my own risk. I understand that is my sole responsibility to participate in activities that are appropriate for the current status of my health and to modify the Breathwork activity to accommodate my own needs or limitations.

I agree that if there is any change in this representation, I will promptly advise the Facilitator(s). If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor before I participate in such activity.

I agreed to indemnify and hold harmless Erin Dusek from and against any and all claims and expenses, including attorney fees, arising out of my participation in this Breathwork activity.

In consideration of my participation in this Breathwork activity, I hereby waive and release Erin Dusek from any and all claims, costs, liability, and expenses for any injury loss or damage whether known, anticipated, or unanticipated arising from my participation in Breathwork with Erin Dusek

This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I acknowledge that I have thoroughly read this Waiver and Release of Liability in its entirety and fully understand it.

By signing this document, I am waiving certain rights I and/or my successors might have to bring legal action or assert a claim against Erin Dusek

Name:

Signed:

Date: