



BREATHE WITH BIANCA

PLEASE READ, COMPLETE AND SIGN BEFORE ATTENDING ANY ONLINE OR IN PERSON BREATHWORK SESSION WITH BIANCA

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BREATHWORK WAIVER & RELEASE OF LIABILITY

As the client and in consideration for my participation in breathwork sessions both online and in person, I (full name) _____, of (country) _____, have voluntarily enrolled in this Breathwork activity with Bianca Fontana (the "Facilitator") from Breathe with Bianca. 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.

1. I understand that Breathwork is a personal growth experience designed to enhance the quality of life, and is not a substitute for (psycho)therapy and does not substitute for therapy if needed, and does not prevent, cure or treat any mental disorder or medical disease.
2. 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 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.
3. I understand that this Breathwork activity is not medically supervised and that Bianca Fontana from Breathe with Bianca is neither a licensed psychotherapist nor licensed medical professional and that breathwork is not a substitute for any medical diagnosis or medical treatment. I also understand that the Breathwork Facilitator is not intended to replace any relationship I have with my medical doctor and/or primary health care provider(s). Any information given by the Facilitator is not intended to constitute medical advice or any substitution for medical care. The information provided by the Facilitator is not intended to be relied on for prescriptions, recommendations, diagnosis or treatment in relation to any health problem or disease.
4. I understand that this Breathwork activity may involve strong connected breathing and may include guided meditation.

5. I understand that Breathwork can involve dramatic experiences accompanied by strong emotional and physical responses or releases.

6. 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.

7. I understand that if I am taking any medications or have any medical conditions such as, but not being limited to: **schizophrenia, aneurysms, bi-polar, epilepsy, heart conditions, high blood pressure (not controlled with medication), glaucoma, history of strokes or seizures, or pregnancy**, that I MUST advise the Facilitator. I also understand that even though I have been accepted as a participant, I am responsible for any consequence resulting from any and all session(s).

I do not suffer from any of the conditions listed in bold above (check to confirm).

8. I understand and acknowledge that by participating in any and all session(s), I do it at my own risk. It is with this understanding that I voluntarily sign this waiver. Since any and all session(s) is experiential and the extent of any and all session(s) risks and benefits are not fully known, I agree to assume and accept full complete responsibility for any known and unknown risks associated with my participation in any and all session(s), including any physical injury, psychological or emotional effects, death, loss, or property damage.

9. I have hereby been advised that I should talk to my physician and/or (psycho)therapist 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.

10. I agree that if there is any change in this representation, I will promptly advise the Facilitator. 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.

11. I understand the stories or testimonials presented before or during the session do not constitute a warranty, guarantee, or prediction regarding my experience during or after the session. Bianca Fontana from Breathe with Bianca makes no warranty, guarantee, or prediction that I will experience any particular state of awareness or consciousness during or after any and all session(s), nor does it make any representation that I will experience any particular outcome on an issue. In the instance of a group processes I may voluntarily reveal personal information, in doing so I understand that and hereby waive my rights of privacy and confidentiality.

12. I agree to indemnify and hold harmless Bianca Fontana and anyone associated with Breathe with Bianca company 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 Bianca Fontana and/or any assigns or beneficiaries associated with Breathe with Bianca 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 Bianca Fontana from Breathe with Bianca.

13. I agree and understand any and all session(s) may be filmed, photographed and/or recorded and that Bianca Fontana from Breathe with Bianca shall have all rights in and to such film, photographs and/or recording, including the copyright therein. The copyright shall include, but not be limited to, the right to use, re-use, publish, and re-publish and otherwise reproduce, modify, and display any such film, photograph and/or recording for educational and promotional purposes, including without limitation, audiotapes, audio CDs, DVDs, websites, video, or film or any other form of recorded images.

I prefer not to be filmed (checking this box will ensure you are not filmed without consent).

14. I grant Bianca Fontana from Breathe with Bianca the right, without compensation to myself, to film, photograph and/or record me while participating in any and all session(s) and I waive any right which I now have or may have hereafter in any such film, photograph and/or recording. I agree to not record by audio, video, photographic or any other means, any portion of any and all session(s).

15. 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 Bianca Fontana and/or any assigns or beneficiaries associated with Breathe with Bianca.

To submit questions regarding this release please email: bianca@breathewithbianca.com

Name:

Email:

Address:

Emergency contact:

Signature*:

Date**:

*I understand & agree this is a legal representation of my signature.

**Waiver is valid for 12 months from date of signature.