

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).

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