



## **HOLOTROPIC BREATHWORK--PARTICIPANT CONTRACT LIABILITY AGREEMENT AND DISCLAIMER**

I \_\_\_\_\_ (participant's name) understand Holotropic Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release therefore this work is not appropriate for pregnant women, persons with cardiovascular problems, glaucoma, severe uncontrolled hypertension, a diagnosis of bipolar, schizophrenia or severe psychosis, recent surgery or fractures, acute infectious illness, or epilepsy (exceptions when we have a mutual signed agreement)

Holotropic Breathwork™ and all its apprentices and facilitators are committed to respecting the privacy and confidentiality of all Holotropic Breathwork participants. Any personally identifiable information received is kept confidential. All personal information shared will only be shared amongst the facilitators if there is more than one and only as necessary for the welfare of the participant.

Although Lottelife Holotropic Breathwork™ makes every effort to ensure that environment at the workshop venue is safe for all, Lottelife Holotropic Breathwork will not accept any responsibility for any injuries to the participant or for any expenses or damages incurred directly or indirectly resulting from the breathwork session.

All participants must sign below

I \_\_\_\_\_ (print name) understand that I am responsible for my own physical well being and any damages and financial costs that may incur from my actions or behaviours and I will not hold any other party accountable. I hereby confirm that I have read and understood the above information and have not withheld any information that would compromise my safety, or any other person involved in this session. My general health, as far as I am aware, is good.

\_\_\_\_\_  
Name of participant (please print)

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

Holotropic Breathwork™, its facilitators and apprentices are committed to respecting the privacy of its workshop attendants. Any personally identifiable information received is kept confidential. All personal information shared will only be shared amongst the facilitators and only as necessary for the welfare of the participants.

Personal information collected is stored in a secure location and safely destroyed after it is no longer legally required.

I have read and understand Lottelife Holotropic Breathwork privacy policy.

NAME OF PARTICIPANT (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PARTICIPANT \_\_\_\_\_