



SOUL JOURNEY
breathwork

SOUL JOURNEY BREATHWORK, LLC RELEASE

I acknowledge that Soul Journey Breathwork is a deep and powerful process. It involves rapid and prolonged breathing designed to activate intense emotional responses. I have notified the facilitators of any existing physical injuries or psychological conditions that may affect my participation. I engage in this experience willingly and take full responsibility for my physical, mental, and emotional experiences during and after the session.

Contraindications:

Soul Journey Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. It is not appropriate for pregnant women, persons with cardiovascular problems, including angina or heart attack, high blood pressure, glaucoma, retinal detachment, osteoporosis, history of seizures, stroke, primary psychiatric conditions, recent surgery, acute stroke, infectious illness, or epilepsy. If you have any doubt about participating, please consult with your physician(s). Persons with asthma should have their inhalers available after being cleared to participate by their physician(s).

Release:

I have chosen to participate in Soul Journey Breathwork. My choice has been voluntary, and I may terminate my session at any time. I understand that there is no assurance that I will feel better and that emotions may arise that are upsetting in nature. I understand the potential risks of participation and hereby agree to release and hold harmless Shannon Sperber, Soul Journey Breathwork, LLC, and its facilitators, from any and all legal responsibility, claims, liability or damages due to outcomes experienced as a result of my Soul Journey Breathwork session(s).

Attestation of Good Health:

I hereby confirm that I have read and understand the above information and attest that I am in good general health for participation in Soul Journey Breathwork sessions.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____