

Solmere and 9D Breathwork Liability Waiver Form

Solmere and 9D Breathwork prioritize the safety and well-being of all our participants, and as part of our commitment to ensuring a secure environment, we require the completion of this Liability Waiver Form.

A breathing session may not be suitable for you if you have the following conditions:

Cardiovascular problems, abnormally high blood pressure, aneurysms, epilepsy and seizures in the past, anyone taking heavy medication, severe psychiatric symptoms especially psychosis or paranoia, bipolar, osteoporosis, recent surgery, glaucoma or is currently pregnant.

People with asthma should bring their own inhaler and consult with their physician and breathing session instructor before participating.

Anyone experiencing an emotional or spiritual crisis or any person with a mental illness who is not in treatment or lacks adequate support.

Please note, this list is not exhaustive, and we generally advise that if you have a question about a condition you may have that is not listed here, you consult a physician before participating in these breathing sessions.

I warrant and represent that I am in good health physically, mentally, psychologically and emotionally, and I understand and warrant that if I am not in good health I will not be allowed to perform the activities and sessions. Accordingly, the declaration and certification that I am in good health in all the above-mentioned respects constitutes a material agreement to allow me to participate in the breathing sessions.

I know and acknowledge that the person facilitating is not a doctor or psychiatrist, or a specialist in health care, and that the activities offered are not intended to treat and diagnose specific medical conditions, whether physical, psychological or emotional.

I voluntarily participate in these activities knowing the risks and consequences and agree to assume all consequences, known or not.

I release Denise Moses, Denise Solmere, her representatives, and Solmere from all responsibilities, costs and damages that may arise from participating in the above-mentioned activity.

I agree to accept financial responsibility for costs related to treatment.

By adding my name below, I acknowledge that I have read the above warning and agree to proceed with full responsibility and understand that I have waived certain rights by signing this release of liability freely and voluntarily without any external influence.

Signed by: (Please print name)

Signature: (Please sign)

Date: (Please enter today's date)