Breathwork Participation Waiver & Informed Consent - Facilitator: Daliah Lundquist

Participant Acknowledgement

I understand that Breathwork is an active mind-body practice that may involve conscious breathing techniques, meditation, sound, visualization, movement, emotional release, and deep relaxation. I acknowledge that Breathwork is not intended to diagnose, treat, cure, or prevent any medical or psychological condition, nor is it a substitute for medical care, psychotherapy, or advice from a licensed healthcare professional.

I understand that I am voluntarily participating in this session and accept full responsibility for my physical, mental, and emotional well-being throughout the experience.

Health & Contraindications

I confirm that:

- I have reviewed any medical conditions, injuries, medications, or concerns that may affect my participation.
- If I have any medical or psychological conditions that could make Breathwork inappropriate for me, I have consulted with my physician or qualified healthcare provider before participating.
- I have informed (or will inform) my facilitator of any relevant medical conditions, injuries, recent surgeries, pregnancy, medications, or mental health concerns prior to beginning the session.

Common contraindications may include (but are not limited to):

- Cardiovascular disease or uncontrolled high blood pressure
- History of heart attack or stroke
- Epilepsy or seizure disorders
- Severe asthma or other serious respiratory conditions
- Recent surgery or significant physical injury
- Detached retina or glaucoma
- Pregnancy (unless specifically approved by both healthcare provider and facilitator)
- Severe psychiatric conditions including psychosis, schizophrenia, bipolar disorder during manic episodes, or other conditions that may be aggravated by intensive Breathwork

If I am unsure whether Breathwork is appropriate for me, I understand it is my responsibility to seek medical advice before participating.

Assumption of Risk

I understand that Breathwork may produce physical, emotional, or psychological responses, including but not limited to:

- Tingling sensations, Muscle tension or cramping, Changes in breathing or heart rate, Emotional release, Fatigue, Lightheadedness or dizziness

I understand these responses can be a normal part of Breathwork but agree to communicate with the facilitator if I experience discomfort or wish to modify or stop my participation at any time.

Personal Responsibility

I understand that I am responsible for:

- Participating only to the extent that feels safe for me, Listening to my body throughout the session, Informing the facilitator immediately if I experience distress or require assistance, Choosing to pause, modify, or discontinue the practice whenever necessary.

Release of Liability

To the fullest extent permitted by law, I voluntarily release and discharge Daliah Lundquist, Breath Sound Fusion, and any assistants, employees, contractors, venue hosts, or affiliates from any and all claims, liabilities, demands, damages, costs, or causes of action arising from my voluntary participation in Breathwork sessions, except where prohibited by law or resulting from gross negligence or willful misconduct.

I understand that participation is entirely voluntary and that I may withdraw from the session at any time.

Consent

By signing below, I acknowledge that:

- I have read and understood this waiver.
- I understand the potential risks and benefits of participating.
- I voluntarily agree to participate and accept responsibility for my own well-being.

Participant Name: _____

Signature: _____

Date: _____