



Please read through the following waiver, if you agree with its terms, and you don't have any of the contraindications listed, please sign, return and feel free to book a breathwork session or workshop with me.

Waiver & Release

I understand that during a breathwork session or workshop I may feel temporary side effects such as slight numbness, tingling or cramping of the hands, mouth, feet as well as muscle trembling and shaking as tension and emotions are released.

I am clear that I may feel spacey and lightheaded or experience a variety of emotions which I may possibly express via tears or laughter. I may also experience an altered state of consciousness and feel euphoric or sad and vulnerable.

I understand Hanna will leave plenty of time at the beginning and end of each session to fully relax and integrate my experience but that I may still need space and support to process after I leave.

I understand that this kind of breathwork is **contraindicated** ie: I cannot join a class, group or 1:1 session if I have : -

- high blood pressure (not controlled by medication)
- glaucoma or at risk of retinal detachment
- a history of epilepsy or seizures
- a history of aneurysm, thrombosis or stroke
- severe respiratory conditions e.g. COPD
- PTSD, schizophrenia, borderline personality disorder, bipolar disorder or psychosis
- recent injury or surgery
- early pregnancy – first 12 weeks
- high-risk pregnancy eg: preeclampsia, placenta previa.

I understand I can attend if I have any of the following health concerns but that I must let my facilitator Hanna Evans **know** so she can assess my individual circumstances. She can then adapt the session to best support me or she may ask me to seek medical approval before allowing me to attend.

- asthma
- low or high blood pressure (controlled with medication)
- heart conditions



If I am unsure of my suitability for breathwork I will seek medical advice.

I understand that Hanna Evans is not a substitute for a consultation with my GP or medical provider. By participating in this breathwork session, I certify that I can comply with the conditions above and take full responsibility for my own health and wellbeing.

I understand and acknowledge that in undertaking breathwork with Hanna Evans I am doing so at my own risk. It is with the understanding that I voluntarily execute this release and waiver.

Finally, please keep all information shared in a group or online workshop confidential. This means that I agree to not discuss the identity or identifying information or share the experiences of any member of the session with anyone outside of the group.

Please sign and date below to confirm you are agreeing to these terms and conditions:-

First & Last Name:

Signed:

Date: