



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

Contraindications: Somatic Release Breathwork™ is intended as a personal growth experience and is not a substitute for psychotherapy. SRBW is not recommended for pregnant women, persons with glaucoma, retinal detachment, osteoporosis, history of seizures, stroke, major psychiatric conditions, recent surgery, acute infections, epilepsy, or persons with cardiovascular problems such as angina, high blood pressure, or heart attack. Persons with asthma should bring their inhalers and consult with their physician(s). If you have any doubt whether you should participate, please consult with your physician(s).

Release: I have chosen to participate in Somatic Release Breathwork™. My choice is voluntary and I may terminate the session at any time. I understand that there is no assurance that this practice is meant to cure or replace any medical treatment and I also understand that emotions may be evoked that could be upsetting in nature. I understand the potential risks of participation and I hereby agree to release and hold harmless Sarah Waller from any and all legal responsibility or liability for outcomes experienced as a result of Somatic Release Breathwork™. I or my representative agree to fully release and hold Sarah Waller and the Reiki Center harmless from and against any claims, liability, or damages arising out of or in connection with my session(s).

Attestation of good health: I hereby confirm that I have read and understand the above information and attest that my general health is good to participate and I declare that I do not have any of the aforementioned contraindications.

Participant's printed name: _____

Participant's signature: _____

Date: _____