



Participant Release Form for Shamama Breathwork

Note: This is an important legal document that may affect your legal rights. Please read it carefully, initial each paragraph and sign at the bottom only if you agree:

Informed Consent for Shamama Breathwork

I realize that Shamama Breathwork is a powerful experiential tool for accessing my own inner healer and can greatly intensify my transformational process. Through the process of deep core breathing, chakra-attuned music and sounds, application of oils, and light touch, I will embark on a journey into the soul. Because this process can bring up intense emotions and strong physical experiences, I have been advised that it is not recommended for those with certain types of cardiovascular problems, epilepsy, recent surgery, pregnancy, or psychosomatic, mental health, other physical limitations, or emotional problems.

Initials _____

I hereby acknowledge that I have no such problems or conditions as listed above, or any other physical, mental or emotional conditions that would prevent me from participating in Shamama Breathwork. I have fully disclosed my physical, emotional or mental background to the staff at Shamama, LLC prior to my participation in the process. I realize that the staff, assistants, agents and/or volunteers of Shamama, LLC are here only as a guide to my process, and none of the staff, assistants, agents and/or volunteers are here to replace any form of traditional mental or physical health treatment or spiritual modalities. I have talked with any and all mental and physical healthcare professionals that I believe would be necessary to assess whether I would be an appropriate person to participate in the Shamama Breathwork Process based upon my physical, emotional, and mental health history and current condition(s). I attest that there is no reason why I should not be able to participate.

Initials _____

To this purpose, I (**printed name**) _____ voluntarily participate in the Shamama Breathwork Process and I release and hold harmless Shamama, LLC, including members of the staff individually and any assistants, agents and/or volunteers for any and all acts or omissions which may be grounds for legal action, including but not limited to acts or omissions which may constitute ordinary negligence. This release is intended to apply to all acts or omissions whether they may be related to the grounds, premises, staff, assistants, agents and/or volunteers and any related individuals or groups. I accept full responsibility for my own physical, mental, emotional and spiritual well being. I know of no physical or mental health reason why I should not participate in this workshop and I have fully explored this issue with the staff at Shamama as well as any other medical and/or legal advisors I deem appropriate. I have asked all the questions I may have and have received answers adequate so that I freely and knowingly waive all liability as set forth above without reservation of any kind. I further attest and acknowledge that this release is intended and shall apply to my heirs, beneficiaries and assigns.

Your Signature _____ **Date** _____

Email: _____
(please print legibly)