

Body and Christ

Breathwork Practice and/or Fascia Focused Stretching Session(s).

Waiver and Release

By signing the waiver and release form, I am acknowledging the risks and responsibilities associated with participating in BODY & CHRIST Breathwork Practice and/or Fascia Focused Stretching Session(s). This form is a crucial step in ensuring that I am fully informed and prepared for the sessions.

I understand that even though I have agreed to participate, I am responsible for any consequence resulting from my Breathwork Practice and Fascia Focused Stretching Session(s).

I take full responsibility for my health and have proactively sought medical advice relating to my physical, mental, or emotional condition that may impair my judgment or affect my physical health. I am confident in my ability to undertake my Breathwork Practice and Fascia-Focused Stretching Session(s).

It is understood that I need to seek a letter of medical necessity if I have medical conditions such as serious mental illness schizophrenia, bipolar, epilepsy, cardiovascular issues, a history aneurysm, a recent injury or abdominal surgery, and delicate or early pregnancy can be contraindications to a conscious connected Breathwork Practice and Fascia Focused Stretching Session(s).

I understand that my safety is a priority. If I am taking any strong medications or have any medical conditions, I must share this information with the BODY & CHRIST before I engage in the session. This ensures that the session can be tailored to my specific needs.

I understand and acknowledge that a BODY & CHRIST session is not developed to replace the relationship or advisement of my medical doctor and /or primary health care provider(s). Their advice and recommendations should be considered before and during my participation in the sessions. Body and Christ is not positioned to be developed to constitute medical advice or any substitution for medical care; B&C is not intended to be relied upon in lieu of prescriptions, recommendations, diagnosis, or treatment about any health problem or disease. I understand that much caution is taken during the sessions. Body and Christ will not be liable for any damage or injury resulting from my participation in Breathwork Practice and Fascia-Focused Stretching Session(s)

Group Sessions: Please keep all information discussed confidential. This means that you may not discuss the identity or identifying information of any group member or share the reactions of any group member with anyone outside of the group. You may talk about your reactions and are encouraged to do so outside the group; please keep information on other group members confidential.

I fully understand and acknowledge that by engaging in Breathwork Practice and Fascia-Focused Stretching Session(s), I am participating as an able and willing participant and am voluntarily executing this release and waiver.

First Name _____ Last Name _____

Email _____

Signature _____ Date: _____

Upload Documents:

Letter of Medical Necessity (see Insurance coverage*)

Medical Records