

HOLOTROPIC BREATHWORK REGISTRATION, CONSENT AND RELEASE FORMS

NAME:

PREFERRED NAME:

EMAIL:

ADDRESS:

PHONE NUMBER:

EMERGENCY CONTACT NAME/NUMBER:

AGE:

QUESTIONS

- HAVE YOU PARTICIPATED IN HOLOTROPIC BREATHWORK BEFORE?

- WHAT IS THE DATE OF THE WORKSHOP YOU WANT TO ATTEND?

- WHAT IS THE LOCATION (CITY) OF THE WORKSHOP YOU WANT TO ATTEND?

Holotropic Breathwork™ is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork™ can involve experiences accompanied by very strong emotional and physical release. This workshop/retreat is not appropriate for pregnant women, or for persons with severe cardiovascular problems, severe uncontrolled hypertension, severe mental illness or acute infectious illness. In some specific cases, this workshop would also not be appropriate in cases of recent surgery/fractures or of epilepsy.

If you have any doubt about whether you should participate, consult your physician or therapist, as well as the facilitators before attending. The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer all questions as completely as possible.

*****The intention of these questions is to allow the facilitators to have a better sense of how we can support you safely*****

**If you answer 'YES' to any of the following questions,
Please elaborate or explain at the bottom of this form.**

1. Do you have a past history or currently suffer from any of the following: (Circle one)
- | | | |
|--|-----|----|
| a. Cardiovascular disease including heart attacks | YES | NO |
| b. High blood pressure | YES | NO |
| c. Diagnosed Psychiatric Condition | YES | NO |
| d. Recent surgery | YES | NO |
| e. Past or recent physical injuries including fractures/dislocations that are not fully healed | YES | NO |
| f. Present/ current infectious or communicable diseases | YES | NO |
| g. Glaucoma | YES | NO |
| h. Retinal Detachment | YES | NO |
| i. Epilepsy (if yes, pls describe in detail on next page) | YES | NO |
| j. Asthma | YES | NO |
| k. Diagnosis by a Medical Professional of BPD or Schizophrenia? | YES | NO |
| l. Osteoporosis | YES | NO |
2. Are you currently or potentially pregnant? YES NO
3. Have you been hospitalized for physical reasons within the last 5 years? YES NO
If yes, describe what kind and for how long? _____
-
4. Been hospitalized for mental or emotional reasons within the last 5 years? YES NO
If yes, describe what kind and for how long? _____
-
5. Are you currently in therapy or involved in any form of support group or practice? YES NO
If yes, describe what kind and for how long? _____
-
6. Are you currently taking any type of medication? YES NO
If yes, please give names and reasons for taking it. _____
-
7. Is there anything else about your physical or emotional status we should be aware of? YES NO
-
8. Have you ever purposely injured yourself or somebody else? YES NO

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Holotropic Breathwork can initiate profound healing and change. It is important that participants have access to practices and community that can provide support as they navigate the times up to and after the workshop. Please describe your existing support and resources, for example do you have friends or family, groups, home supports, a therapist etc. that support you in this work.

I understand that this Holotropic Breathwork workshop is intended as a personal growth experience and should not be used as a substitute for psychotherapy. _____(initials here)

I understand that Holotropic Breathwork could involve dramatic experiences accompanied by strong emotional and physical release. _____(initials here)

I understand that since my experience will be guided by my own psyche/inner healer, despite any representations made by any of your staff, or in any of your websites or other marketing materials regarding Holotropic Breathwork workshops, Calgary Holotropic Breathwork cannot guarantee any specific type of experience, result or benefit from participating in the workshop. _____(initials here)

I understand that once the workshop begins, I will not be entitled to any return or reimbursement of any of my workshop tuition or payments for any reason _____(initials here)

I understand that in order to get the benefits of this workshop and to be safely grounded and ready to return home, all of the components of the workshop are very important

1. introductory talk
2. breathing
3. sitting
4. mandala drawing
5. sharing circles
6. end of day/retreat integration talk

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Because of this and also because I may have an expanded state of awareness experience, I understand that in order to be accepted to attend this workshop, I agree to stay for the entire event. _____ (initials here)

I understand and agree to the following agreements are necessary for me to participate in the workshop.

1. I agree to keep all of what I witness, hear and see at the workshop will be held in confidence
2. If a powerful process of a sexual nature arises I agree not to pull in or engage anyone else in my experience
3. I agree not to physically hurt myself, others or the surroundings and give permission to the facilitators to ensure that all people are safe
4. I commit to stay until the workshop is over and will not leave until I have checked in with a facilitator _____ (initials here)

Please read and sign the following statement.

I hereby confirm that I have read and understood the above information and answered all questions completely and honestly, and have not withheld any information.

If there are any changes regarding the answers on this form between now and the time of the workshop, I will notify Calgary Holotropic Breathwork in writing (email is okay) immediately.

My general health, as far as I am aware, is good. Y/N _____

Sign: _____

Age: _____

Date: _____

Phone: _____

Please, print your name _____

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Details on any “Yes” Answers or any other information you want to share:

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