

It is our intention to provide the community with a wellness center devoted to holistic healing. Our hope is to promote a journey of self-discovery and an expansion of consciousness that will contribute to life-long health, well-being, and healing. Here at The Sound Room at Polaris, we prioritize the safety and well-being of all our participants. As part of our commitment to ensuring a secure environment, we require the completion of this Waiver and Release of All Liability Form.

A 9D Breathwork session **may not be suitable for you** if the participant has any of the following conditions:

Cardiovascular problems, abnormally high blood pressure, aneurysms, epilepsy and seizures in the past; Anyone taking psychiatric medications such as, but not limited to: SSRIs like Zoloft, Prozac, Paxil, Celexa, or Lexapro; Experiencing severe psychiatric symptoms especially psychosis, paranoia, or bipolar; Other ailments such as Osteoporosis, recent surgery, glaucoma, or you are currently pregnant.

People with asthma should bring their own inhaler and consult with their physician and the breathing instructor before participating. Anyone experiencing an emotional or spiritual crisis, or any person with a mental illness who is not in treatment or lacks adequate support, should **NOT** participate. Please note, this list is not exhaustive and we generally advise that if you have a question about a condition that your adolescent may have, that is not listed here, you consult a physician **before participating** in these breathing sessions.

**I warrant and represent** that my adolescent is in good health physically, mentally, psychologically and emotionally, and I understand and warrant that if not in good health, He/She will not be allowed to perform the activities and sessions. Accordingly, the declaration and certification that my adolescent is in good health, in all the above-mentioned aspects, constitutes a material agreement to allow for participation in the breathing sessions.

**I am requesting and consenting to the following, regarding practitioner assistance in my adolescent's session:**

☐ **I consent to a FEMALE appropriately touching in session, if needed, for additional assistance with breathwork**

☐ **I consent to a MALE appropriately touching in session, if needed, for additional assistance with breathwork**

☐ **I DO NOT consent to anyone touching in session, for additional assistance with breathwork**

**I know and acknowledge** that 9D Breathwork can be an intense experience. I assume all risks associated with any/all outcomes resulting from my adolescent participating in this service. I understand that side effects may include, but are not limited to, intense emotional release, light headedness, physical body movement/sensations, hyper-ventilation, and changes in body temperature.

**I know and acknowledge** that the person facilitating is not a doctor or psychiatrist, or a specialist in health care, and that the activities offered are not intended to treat and/or diagnose specific medical conditions, whether physical, psychological, or emotional. **My adolescent is voluntarily participating** in these activities, with my knowing the risks and consequences and I agree to assume all consequences, known and unknown.

**I release Lisa Bushman, and those contracted by Center for Counseling, Growth & Discovery LLC** from all responsibilities, costs and damages that may arise from participation in the above-mentioned activity. By signing this Waiver and Release of All Liability, you further agree to **NOT** assert any legal claims of any kind, in any form, against Lisa Bushman, and/or those contracted by Center for Counseling, Growth & Discovery LLC and The Sound Room at Polaris.

**I also agree to accept financial responsibility** for all costs related to any subsequent treatment which might arise due to participation in this activity. By signing my name below, I acknowledge that I have read the above warning and agree to proceed with full responsibility, and understand that I have waived certain rights by signing. I am signing this Waiver and Release of All Liability freely and voluntarily without any external influence.

Child Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_