



HOLISTIC HEALTH SUMMIT – QUANTUM MEDICINE

Breathwork & Kundalini Activation - Liability Waiver & Consent Form

Full Name: _____

Date of Birth: _____

Email: _____

Emergency Contact Name & Phone: _____

Acknowledgment of Risks & Contraindications

I understand that breathwork and kundalini activation involve deep breathing, movement, and energy work, which may create intense physical, emotional, and energetic experiences. I acknowledge that this practice is not suitable for individuals with certain medical conditions, including but not limited to:

- Cardiovascular issues (heart disease, angina, high/low blood pressure)
- History of aneurysms (personal or family history)
- Epilepsy or history of seizures
- Severe psychiatric conditions (psychosis, schizophrenia, paranoia)
- Bipolar disorder (unless medically managed and stable)
- Osteoporosis, recent fractures, or injuries
- Recent surgery
- Glaucoma or retinal detachment
- Pregnancy (especially in later stages)
- Use of heavy medication that affects mental, cardiovascular, or neurological function

I confirm that I have consulted with my healthcare provider if I have any concerns about my ability to participate.

Release of Liability

I acknowledge that the facilitators are not medical professionals and that this session is not a substitute for medical advice, diagnosis, or treatment. I understand that I am responsible for my own well-being and will listen to my body. If I experience discomfort, I will modify my practice or discontinue as needed.

By signing below, I voluntarily assume all risks and release the Holistic Healing Summit, Quantum Medicine, Catherine Lyell, any supporting facilitators, and associated venues from any liability, claims, or damages that may arise from my participation.

I confirm that I am voluntarily participating and that I am of legal age to sign this agreement.

Participant Signature: _____

Date: _____