

WAIVER AGREEMENT

This CONSULTING AGREEMENT ("Agreement") is entered into and becomes effective on the date this waiver is signed between Powerhouse on Purpose, LLC dba Camy Kennedy Life Coach & The Client. The Client are sometimes herein referred to jointly as Parties and individually as Party.

DISCLAIMER OF LIABILITY

Spiritual and emotional work, breathwork, yoga, meditation and any other form of alternative healing should not be construed as a substitute for direct medical advice from your doctor or other qualified clinician, medical or psychiatric examination, diagnosis or treatment. Anyone interested in breathwork is also responsible for seeking the specific medical or psychiatric attention they need, should they need it.

The information and content available is intended for informational purposes only. It is not intended to diagnose, mitigate, treat or cure any disease or condition. Individuals should consult a qualified health care provider for medical advice.

ON THE WORK

The majority of breathers first experience deep (and at times, intense) emotional release or catharsis. It is possible to feel anything from grief/pain/discomfort to ecstasy/joy/bliss and anything in between. Again, these are parts of self that are not being met in waking life (even ecstasy and bliss can be energies that are being unconsciously repressed) and thus want the freedom to be completely and uninhibitedly expressed in a safe container of exploration, as we will create.

However, not everyone is ready for this kind of transformative dive, especially if they are new to inner work and self-awareness. And, as always, we honor where each person is on their path of healing and awakening. That said, *Please have a self-check in and make sure you are fully ready for a deep and powerful journey into your being. This also includes a willingness to meet any discomfort, hurt, grief, pain or wounding that you are unknowingly holding onto. If you feel ready to connect to these parts of self through higher awareness and compassion, we would love for you to join us. If you meet the safety checklist and feel 100% ready with a full-bodied “YES!”, please continue with the rest of the information needed to register.* With love, honor and ethics for the craft!

HOW TO DETERMINE IF YOU ARE A CANDIDATE:

Below are a list of contraindications for conscious, connected breathing. ***If you are on the contraindication list, you are not a candidate for full breathwork, but we are happy to discuss modified, gentle breathwork with you for a later date if your condition should permit it. (Please email Hello@camykennedy.com for clarification on contra-indications if you have any questions or concerns).***

Note: Breathwork results in certain specific physiological changes in the body and also can result in intense physical and emotional release. As a precaution, the following conditions are contraindicated in certain breathwork practices. It is crucial that you inform your breathwork practitioner if any of the following conditions are relevant to you:

- Pregnancy (at any stage)
- Severe PTSD or trauma

- Actively using recreational drugs
- Taking any medication that alters brain chemistry like anti-anxiety, anti-depressant, ADD, OCD medications, etc.
- Detached Retina
- Glaucoma, Kidney disease, High Blood Pressure, Cardiovascular disease, Diagnosis of aneurysm of any kind, Uncontrolled thyroid conditions, Diabetes (any type), Severe Asthma, Epilepsy, History of Seizures, Prior diagnosis of bipolar disorder, schizophrenia or previous psychiatric condition, Severe psychosomatic disorders, Hospitalisation for any psychiatric condition or emotional crisis within the last 10 years, Any other medical, psychiatric or physical conditions which would impair or affect ability to engage in any activities that involve deep physical and/or emotional release,
- Cardiovascular disease, including angina, previous heart attack or stroke
- Diagnosis of aneurysm of any kind
- Uncontrolled thyroid conditions
- Diabetes (any type)
- Severe Asthma— for mild to moderate asthma, we can discuss but you must bring your inhaler to the session
- Epilepsy
- History of Seizures

- Prior diagnosis of bipolar disorder, schizophrenia or previous psychiatric condition
- Severe psychosomatic disorders
- Recent surgery, stitches or injury
- Hospitalisation for any psychiatric condition or emotional crisis within the last 10 years
- Any other medical, psychiatric or physical conditions which would impair or affect ability to engage in any activities that involve deep physical and/or emotional release
- The mRNA COVID Vaccination: At this time, clients must wait a minimum of *60 days* after their *final* dosage with *NO SIDE EFFECTS* to engage in Breathwork. This decision has been made in consultation with our insurance company, health professionals, legal team and through our own deep contemplation. At this time, the vaccination effects are still too unknown and not covered by our liability.

Please make sure you are not on the contraindication list to take a journey.

BREATHWORK AGREEMENT

BREATHWORK WAIVER

NOTE: This is an important legal document. Please read carefully, initial each paragraph and sign at the bottom only if you agree:

_____I realize that Breathwork is a powerful experiential tool for accessing my deeper layers and that it can greatly intensify my transformational process. Through the practice of deep breathing, guidance and music, I will embark on a journey into myself. Because breathwork can potentially bring up intense emotions and strong physical experiencing, I have been advised that it is not recommended for those with certain types of cardio-vascular problems, epilepsy, recent surgery, pregnancy, mental health issues, psychosomatic issues, chronic asthma, chronic disease, infectious disease, other physical limitations or emotional problems.

_____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 a Breathwork immersion. I have fully disclosed my physical, mental and emotional background to the facilitators involved prior to my participation. I realize that all staff, assistants, volunteers and/or support team are here only as a guide to my process and that none of the staff, assistants, volunteers and/or support team are here to replace any form of traditional mental or health treatments.

_____I have spoken with any and all mental and physical health care professionals that I believe would be necessary to ask whether I would be an appropriate candidate to participate in the breathwork process, based on my physical, emotional and mental health history and current condition(s) (if I felt this was necessary). I hereby attest that there is no reason why I should not be able to participate.

_____To this purpose, I voluntarily participate in the breathwork process and release and hold harmless the facilitator(s) and all affiliates for any and all acts of omissions which may constitute ordinary negligence. I accept full responsibility for my own physical, mental, emotional and spiritual wellbeing.

I further attest and acknowledge that this release is intended and shall apply to my heirs, beneficiaries and assigns.

COACHING RELEASE

I understand coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

I acknowledge that coaching throughout the 1:1 Breathwork Experience, In Person Breathwork, or Virtual or in person Breathwork classes is a comprehensive process that may involve coaching as integration. I agree that deciding how to receive & incorporate coaching principles into areas of my life, and implementing choices is exclusively my responsibility.

I acknowledge that coaching does not involve the diagnosis or treatment of mental disorders and that coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment, or other professional advice by legal, medical or other qualified professionals and that it is the Client's exclusive responsibility to seek such independent professional guidance as needed.

My signature below indicates I have thoroughly read and do NOT have any contraindications in the list above. I acknowledge, if I do have contraindications, I will not sign this below.

Full Legal Name: _____

Signature: _____ Date: _____