

INFORMED CONSENT FOR BREATHWORK SESSION AND MEDITATION

I, _____ (print name), hereby request and consent to the performance of Breathwork, Meditation and other procedures that are within the scope of practice of Meditation and Breathwork by Vincent Dove RYT.

I understand that methods of Breathwork may include, but are not limited to, deeper and faster breathing. I have made Vincent Dove aware of any medical concerns through a separate Medical Information form signed by me. I also understand that during the actual Breathwork session, I can modify my breathing if I experience any uncomfortable sensations in my body that lead me to believe this process is adversely affecting my health. Further, I understand that I am encouraged to let my inner healer/wisdom guide me to a naturally healthy breath which can help heal any imbalances in my overall health and wholeness. I have been informed that Breathwork is a generally safe method of practice, and that it generally leaves one in a state of profound relaxation. I understand that my experience may continue beyond the actual Breathwork session which may leave me unsettled or improve other areas in my life. I have been notified of the profound effects Breathwork can have on a person's psyche and that it is suggested I take care of my overall health just prior to the Breathwork session and also for as many days as necessary (typically 3-7 days) following the session. I understand that Breathwork is not recommended or contraindicated for several medical reasons:

- 1) Breathwork is not recommended for pregnancy. I will notify Vincent Dove if I am pregnant, become pregnant, or am trying to become pregnant. If I choose to do Breathwork while I am pregnant, I will notify Vincent Dove of this medical condition and how many months into the pregnancy.
- 2) Breathwork is contraindicated for people with a history of epilepsy and/or seizure. If I have a history of epilepsy or seizures, I will notify Vincent Dove and understand that it is not recommended to do this modality with this medical history.
- 3) Breathwork is not recommended for any serious heart diagnosis. If I have any medical heart condition, I will notify Vincent Dove. I understand if I decide to do the Breathwork based on my medical history that I will be solely responsible if I experience medical symptoms relating to my heart such as increased heart rate, dizziness, shortness of breath, weakness in the limbs and or torso.
- 4) I am aware Breathwork is not recommended for mental diagnosis such as Schizophrenia, Bipolar Disorder and/or severe psychosis resulting in long-term medical hospital or long-term psychiatric care. I agree to keep Vincent Dove informed of any changes in my medical condition. I do not expect Vincent Dove to be able to anticipate and explain all possible risks and complications of the Breathwork session, and I wish to rely on Vincent Dove, to exercise judgment during the course of time I am in the session and trust that what he thinks at the time, based upon the facts then known, is in my best interest. I acknowledge that my condition and the potential benefits of Breathwork have been discussed with me. I have had the likelihood of success explained to me, and I understand that results are not guaranteed, and that my participation in my own Breathwork session and quantity of sessions may significantly influence the outcome and results. I understand that all my records will be kept confidential and will not be released without written consent, unless otherwise required by law.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to participate, have been told about the risks and benefits of Breathwork and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of time I am working with Vincent Dove and for any future sessions unless a new signed consent form is on file.

PARTICIPANT SIGNATURE

DATE

(Or Representative – including relationship if signing for patient)