

## **About Conscious Connected Breathwork**

Conscious Connected Breathwork (CCB) is a self-healing practice involving a specific breathing pattern to promote a transformative state. This technique may promote emotional release & processing, increased body awareness, resilience, and relaxation. It may also temporarily alter states of consciousness.

While often a deeply transformative self exploration and wellness experience, breathwork is not a substitute for professional medical, psychological, or psychiatric treatment.

## **Potential Effects and Experiences**

During breathwork, participants may experience:

- Emotional release (e.g., crying, laughing, anger)
- Tingling sensations
- Changes in body temperature
- Muscle cramping or tetany (temporary tightening of muscles of the hands, feet or around the mouth)
- Visual imagery or insights
- Deep relaxation or euphoria
- Altered states of consciousness

These effects are typically temporary and part of the body's natural response to deep breathing. However, if you feel overwhelmed at any time, you are encouraged to slow the breath, revert to nasal breathing, or stop the practice.

Psychological responses may occur. The breath carries the energy to integrate emotion, so no matter how intense something is, **keep returning to your breath**. Should you experience distress, grounding techniques and emotional support will be provided during the session, as well as follow up resources.

Please do let your facilitator know if you would prefer not to be touched at the beginning of the session or at any point throughout.

All information shared within sessions will remain confidential in accordance with UK GDPR regulations. Information will only be disclosed if required by law or with your explicit consent.

## **Online sessions**

Due to the nature of online sessions, the facilitator makes no warranties regarding uninterrupted or error free services. Participants acknowledge the inherent limitations of online delivery, including the inability of the facilitator to provide physical support in emergencies.

## **Medical Disclaimer**

- The facilitator of this session is not a licensed therapist, or psychiatrist and is not working in a medical capacity
- Breathwork is a complementary practice, not a clinical treatment
- This session is not intended to diagnose, treat, cure, or prevent any disease or condition
- Always consult with your healthcare provider if needed

## **Contraindications**

You should **not** participate in Conscious Connected Breathwork if you have or are currently experiencing any of the following:

### **General:**

- Recent hospitalisations for acute illness (physical or psychiatric) or exacerbation of chronic illness



## Conscious Connected Breathwork Consent Form

v1.7

### Physical contraindications:

- Cardiovascular disease (including angina, heart attack, uncontrolled high blood pressure)
- Epilepsy or history of seizures
- Glaucoma, retinal detachment, cataracts or recent eye surgery
- Recent surgery or physical injury (6 months)
- Aneurysms, stroke or family history of aneurysms
- Poorly controlled asthma
- Uncontrolled diabetes or thyroid issue

### Mental health contraindications:

- Bipolar disorder
- Schizophrenia
- Dissociative identity disorder
- Severe anxiety or complex PTSD
- Personality disorder
- Psychosis

### Other considerations:

- Pregnancy or IVF (particularly high-risk or first trimester), or trying to get pregnant
- Under the influence of alcohol or recreational drugs: this is strictly prohibited as this could be harmful to your wellbeing
- Please do not attend in person sessions if you have a current infectious respiratory illness, e.g. COVID-19 or flu

### Personal Details

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

☐ Join mailing list? (optional) – separate from consent and won't affect your session

Emergency Contact Name/Phone: \_\_\_\_\_ / \_\_\_\_\_

### Participant Acknowledgment and Informed Consent

By signing below, I acknowledge that:

1. I have read and understood the information provided in this consent form.
2. I understand that breathwork can result in physical, emotional, and psychological responses that may be intense.
3. I affirm that I do not have any of the listed contraindications, or I have received medical clearance to participate.
4. I understand that this is a non-clinical wellness session, and no medical advice will be provided.
5. I take full responsibility for my own physical, emotional, and mental well-being during and after the session.
6. I understand that participation is entirely voluntary, I can pause or stop at any time.
7. I understand my facilitator makes no claim to benefit any specific condition and gives no guarantee of outcome.
8. I release the facilitator and any affiliated organization from any and all liability for any harm that may arise as a result of participation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

