

**CONSENT FORM
FOR
BREATHWORK**

I hereby confirm that I have completed a Medical Information Form and have discussed any concerns with Dr. Mark Cornfield and / or Susan McBride R.N.

I understand from my discussions with Mark Cornfield and / or Susan McBride that Holotropic Breathwork does not necessarily replace any other individual therapeutic modality with which I might be involved, and should not replace any support group affiliation such as a 12 step programme.

I further understand that issues arising from my participation in Holotropic Breathwork may require additional therapeutic or supportive interventions and this may not be provided by Mark Cornfield or Susan McBride.

I have attended an introductory lecture and been given detailed information about Holotropic Breathwork prior to consenting to participate in the experiential portion of this workshop. The benefits and potential risks of Holotropic Breathwork have been explained to me, as has the fact that Holotropic Breathwork is regarded as an alternative form of therapy and would not be considered “standard of care” at this time for most mental health conditions. I am aware there are no properly designed scientific studies performed to evaluate Holotropic Breathwork’s efficacy and safety, and I choose to participate in full awareness of that fact.

I agree to stay for the duration of the workshop.

I agree to hold in confidentiality anything that is discussed by other participants after this workshop

and I agree to refrain from any physical actions that could jeopardize the health of any participant and /or the facilitators of this workshop.

(Signature)

(Print Name)

(Witness)

(Date)