

INNER ACTIVATION RETREAT

DISCLAIMER

info@ntaaustralia.com.au | www.ntaaustralia.com.au/inneractivationretreat

ONLINE YOGA WAIVER

By participating in this online yoga class, I acknowledge and agree to the following:

- **Assumption of Risk:** I understand that yoga involves physical movements, and as with any physical activity, there is a risk of injury. I am voluntarily participating in this class and assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result.
- **Medical Conditions:** I confirm that I am in good health and physically fit to participate in this yoga class. If I have any pre-existing medical conditions, injuries, or other health concerns that may affect my participation, I will disclose them to the instructor before the class begins. I understand that it is my responsibility to consult with a physician before participating if I have any doubts about my health or ability to participate safely.
- **Instructor Liability:** I understand that the instructor is providing guidance for yoga practice and is not responsible for any injuries or issues that may arise during or after the class. I release the instructor from any liability related to my participation in this class.

By participating in this class, I acknowledge that I have read, understood, and agree to the terms of this waiver.

HUMAN DESIGN SESSION WAIVER

The information presented in this session offers a general overview of Human Design and should not be construed as specific advice on health or other personal matters. This content is educational in nature and does not substitute for professional guidance in any field.

INTENTION/AFFIRMATION SETTING SESSION DISCLAIMER

This session is strictly limited to providing tools to participants to create personalised affirmations or intentions together with non-invasive stress relief techniques. It is NOT a substitute for medical diagnosis or medical interventions. Proper medical exams and diagnostic evaluations by your physician or mental health professionals are an important aspect of healing and wellness. This session is not designed to diagnose medical conditions or to treat, heal, or cure any disease, illness, physical disability, medical problem or mental illness. Kellie Siegert expressly disclaims responsibility, and shall have no liability for any damages, loss, injury, or liability whatsoever suffered as a result of our session together.

SOUND IMMERSION SESSION

This session is strictly limited to providing a non religious guided meditation together with the sounds produced by the following instruments – Crystal Sound Bowls, Tibetan Sound Bowls, Rain Stick, Leaf Rattle, Chakra Chimes, Koshi Chime, Tibetan Bells, Rain Rattle and Drum. The intention of this session is purely to provide an environment conducive to stress relief and deep relaxation. It is NOT a substitute for medical diagnosis or medical interventions. Proper medical exams and diagnostic evaluations by your physician or mental health professionals are an important aspect of healing and wellness. This session is not designed to diagnose medical conditions or to treat, heal, or cure any disease, illness, physical disability, medical problem or mental illness. Whilst every effort has been made to provide a high quality sound, I cannot be responsible for the sound quality or quality of the equipment used by the end user. Kellie Siegert expressly disclaims responsibility, and shall have no liability for any damages, loss, injury, or liability whatsoever suffered as a result of the sound immersion.

INNER ACTIVATION RETREAT

DISCLAIMER

info@ntaaustralia.com.au | www.ntaaustralia.com.au/inneractivationretreat

LEVEL 1 QHHT® SESSION

By participating in a Level 1 Quantum Healing Hypnosis Technique (QHHT)® session, you acknowledge and agree to the following:

1. **Not a Substitute for Medical or Psychological Treatment:** QHHT® is a complementary and alternative therapy intended for relaxation, personal insight, and spiritual exploration. It is not a substitute for professional medical or psychological diagnosis, treatment, or advice. If you have a medical or psychological condition, please consult a licensed healthcare professional. If you suffer from or have a diagnosis of significant hearing loss, bi-polar disorder or schizophrenia, Quantum Healing Hypnosis Technique (QHHT)® is not suitable for these conditions.
2. **No Guarantees of Specific Outcomes:** The results of QHHT® sessions may vary from person to person. There are no guarantees or promises regarding the specific outcomes or experiences during the session.
3. **Personal Responsibility:** You are responsible for your own well-being and decisions before, during, and after the session. Any actions or choices made following the session are solely your responsibility.
4. **Voluntary Participation:** Your participation in a QHHT® session is entirely voluntary. You may choose to discontinue the session at any time.
5. **Confidentiality:** All information shared during the session will be kept confidential, except as required by law. A recording of individual client sessions will be provided at the conclusion of the appointment. Please be aware that the practitioner may keep records for professional purposes. Group Regression sessions will not be recorded.
6. **Consent to Hypnosis:** By proceeding with the session, you give your informed consent to be guided into a state of hypnosis. You understand that hypnosis is a natural state of focused awareness, and you will remain in control of your actions at all times.
7. **Age Requirement:** Participants must be 18 years of age or older. Minors require parental or guardian consent and the presence of a parent or guardian during the session.
8. **Results and Follow-Up:** The practitioner may offer post-session insights or suggestions; however, these should not be construed as medical or psychological advice. Any further sessions or follow-up consultations are at your discretion.
9. **Indemnity:** You agree to indemnify and hold harmless the practitioner from any claims, liabilities, or damages resulting from your participation in the QHHT® session.

BREATHWORK WAIVER & RELEASE OF LIABILITY

As the client and in consideration for my participation in breathwork sessions both online and in person, I have voluntarily enrolled in this Breathwork activity with Bianca Fontana (the "Facilitator") from Breathe with Bianca. I understand that I am under no obligation of any kind to participate in this Breathwork activity and I voluntarily enter this into this Waiver and Release of Liability.

- I understand that Breathwork is a personal growth experience designed to enhance the quality of life, and is not a substitute for (psycho)therapy and does not substitute for therapy if needed, and does not prevent, cure or treat any mental disorder or medical disease

INNER ACTIVATION RETREAT

DISCLAIMER

info@ntaaustralia.com.au | www.ntaaustralia.com.au/inneractivationretreat

BREATHWORK WAIVER & RELEASE OF LIABILITY

- I understand that I am responsible for creating and implementing my own physical, mental and emotional wellbeing, decisions, choices, actions, and results. As such, I agree that the Breathwork Facilitator is not and will not be liable for any actions or inaction, or for any direct or indirect result of services provided by the Facilitator.
- I understand that this Breathwork activity is not medically supervised and that Bianca Fontana from Breathe with Bianca is neither a licensed psychotherapist nor licensed medical professional and that breathwork is not a substitute for any medical diagnosis or medical treatment. I also understand that the Breathwork Facilitator is not intended to replace any relationship I have with my medical doctor and/or primary health care provider(s). Any information given by the Facilitator is not intended to constitute medical advice or any substitution for medical care. The information provided by the Facilitator is not intended to be relied on for prescriptions, recommendations, diagnosis or treatment in relation to any health problem or disease.
- I understand that this Breathwork activity may involve strong connected breathing and may include guided meditation.
- I understand that Breathwork can involve dramatic experiences accompanied by strong emotional and physical responses or releases.
- I understand that I might find Breathwork physically, emotionally, and/or mentally stressful. I hereby affirm that I am in good health and able to participate in this activity. I do not have any physical or mental conditions which would impair my ability to engage in this activity or which would otherwise endanger my health during this Breathwork activity, or which would cause any risk of harm to myself or other participants.
- I understand that if I am taking any medications or have any medical conditions such as, but not being limited to: schizophrenia, aneurysms, bi-polar, epilepsy, heart conditions, high blood pressure (not controlled with medication), glaucoma, history of strokes or seizures, or pregnancy, that I MUST advise the Facilitator. I also understand that even though I have been accepted as a participant, I am responsible for any consequence resulting from any and all session(s).
- I understand and acknowledge that by participating in any and all session(s), I do it at my own risk. It is with this understanding that I voluntarily sign this waiver. Since any and all session(s) is experiential and the extent of any and all session(s) risks and benefits are not fully known, I agree to assume and accept full complete responsibility for any known and unknown risks associated with my participation in any and all session(s), including any physical injury, psychological or emotional effects, death, loss, or property damage.
- I have hereby been advised that I should talk to my physician and/or (psycho)therapist if I had any questions about my physical or mental ability to safely participate in this preferred activity. If I have chosen not to obtain a physician's consent prior to my participation in Breathwork, I hereby agree that I am doing so solely at my own risk. I understand that it is my sole responsibility to participate in activities that are appropriate for the current status of my health and to modify the Breathwork activity to accommodate my own needs or limitations.
- I agree that if there is any change in this representation, I will promptly advise the Facilitator. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor before I participate in such activity.

INNER ACTIVATION RETREAT

DISCLAIMER

info@ntaaustralia.com.au | www.ntaaustralia.com.au/inneractivationretreat

BREATHWORK WAIVER & RELEASE OF LIABILITY

- I agree to indemnify and hold harmless Bianca Fontana and anyone associated with Breathe with Bianca company from and against any and all claims and expenses, including attorney fees, arising out of my participation in this Breathwork activity. In consideration of my participation in this Breathwork activity, I hereby waive and release Bianca Fontana and/or any assigns or beneficiaries associated with Breathe with Bianca from any and all claims, costs, liability, and expenses for any injury loss or damage whether known, anticipated, or unanticipated arising from my participation in Breathwork with Bianca Fontana from Breathe with Bianca.
- I agree and understand any and all session(s) may be filmed, photographed and/or recorded and that Bianca Fontana from Breathe with Bianca shall have all rights in and to such film, photographs and/or recording, including the copyright therein. The copyright shall include, but not be limited to, the right to use, re-use, publish, and re-publish and otherwise reproduce, modify, and display any such film, photograph and/or recording for educational and promotional purposes, including without limitation, audiotapes, audio CDs, DVDs, websites, video, or film or any other form of recorded images.
- I agree to not record by audio, video, photographic or any other means, any portion of any and all session(s). If recording the session, Bianca Fontana from Breathe with Bianca will announce any and all recordings taking place and will inform all participants. She will also give the option to be omitted from any and all recordings.
- This Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I acknowledge that I have thoroughly read this Waiver and Release of Liability in its entirety and fully understand it.

By taking part in any program or work online or in person with Bianca Fontana, I am waiving certain rights I and/or my successors might have to bring legal action or assert a claim against Bianca Fontana and/or any assigns or beneficiaries associated with Breathe with Bianca. To submit questions regarding this release please email: bianca@breathewithbianca.com

ACKNOWLEDGEMENT OF DISCLAIMER

By signing below, you acknowledge that you have read, understood, and agree to this disclaimer.

Signature: _____

Date Signed: _____