

ALUMNI EVENTS MoU and WAIVER

Part of the alumni events programme for Breathwork Trainings

I	[name] agree to be part of the BT alumni and have been
informed that BT alumni events are organi	ised for a group of people who have studied with BT and are
committed to living the principles of Breat	thwork and making it available in the world.
I agree to pay my share, in advance, of any	costs that may be required.
I understand that:	
I have the opportunity to participa	te in BT alumni events when I fit the criteria
Breathwork Trainings has a duty of	of care that includes my well being
I am responsible for communicating	ng any concerns that arise during a BT alumni event
• Any processes involved in any BT	alumni events are underpinned by self-responsibility
BT Alumni events may or may not include	e the Conscious Connected Breathing Cycle. In all events I
understand various phenomena that may a	rise. Should any phenomena arise in me throughout the event
agree to process these myself.	
I will disclose any physical or mental/emo	tional conditions that might impact or limit my capacity in
taking part in any BT alumni event.	
I take full responsibility for taking care of	all my needs during BT Alumni events.
Participant Signature	
Name	Date
Witness Signature	
Name	Date