

# A General Release to Participate in Breathwork Workshops

**Thomas Merton Brightman**

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Brightman shares his general release form, composed by him and his lawyer for his workshops, early in his Holotropic Breathwork work. It provides a contract of accountability between the Facilitator and the participant, shows that the participant has been informed, and gives consent to participating in the Breathwork method.

Thomas Merton Brightman, B.A., was certified as a Holotropic and Integrative Breathwork practitioner in 1989. He is also certified in MARI Card™ assessment, Levels I and II. Brightman is a Life Strategist, Mentor and Elder who operates two relationship-centered companies. He founded the Change of Heart Center in 1989 to serve individuals. Brightman Associates International was founded in 1984 to serve businesses. "Telephone Thomas" – a telephone mentoring service is available worldwide by appointment. 1.410.666.0238. [www.thomasmertonbrightman.com](http://www.thomasmertonbrightman.com). [www.brightmanassociates.com](http://www.brightmanassociates.com). [mystic1943@comcast.net](mailto:mystic1943@comcast.net).

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I, (participant's name), want to participate in the workshops offered by (facilitator's name). I fully accept that (facilitator's name) makes no promises or representations regarding any benefit that I may receive from my participation in these workshops. (facilitator's name) assumes no responsibility for any results that I may receive from participating in this event.

I understand that (facilitator's name(s)) workshops are processes designed to assist me in self-exploration and self-healing. I further understand that Holotropic Breathwork experiences are direct experiences and, although educational in nature, are not treatment or therapy. They are not intended to be used to replace any treatment or therapy which may be appropriate for any person.

I understand and accept with full awareness that in their capacities with (facilitator's names, workshops, the proprietor or name of business, if the workshop is being run under a business name), facilitators, assistants, Sitters, and other supportive staff are not, and do not claim to be, licensed therapists; nor are they practicing any type of psychological therapy or counseling; neither are they in any manner whatsoever responsible for the results I may receive from participating in (facilitator's names) event.

In consideration of participation in (facilitator's names) workshops, I hereby release and forever hold harmless and indemnify (facilitator's name), the proprietor, facilitators, assistants, sitters, agents, employees, successors, and assigns which I may now have or have at any time in the future.

I expressly waive any and all rights I may have under the laws of any nation, state, or territory which might provide that this general release would not extend to claims not in existence at the time of my signing this release.

I have read and understand all sections of this form and certify by signature that my answer to each is true and accurate to the best of my knowledge. I understand that this document is a legally binding agreement and the promises I make and statement I give are enforceable.

Participant's Signature: \_\_\_\_\_

Legibly print full name: \_\_\_\_\_

Date of participation in (Facilitator's name)'s event: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

Legibly print full name: \_\_\_\_\_

Date of participation in (Facilitator's name)'s event: \_\_\_\_\_