



CONTRAINDICATIONS & ADVERSE EVENT MANAGEMENT



AGENDA



-
- CONTRAINDICATIONS
 - OUR DEEPEST FEARS
 - ADVERSE EVENT MANAGEMENT



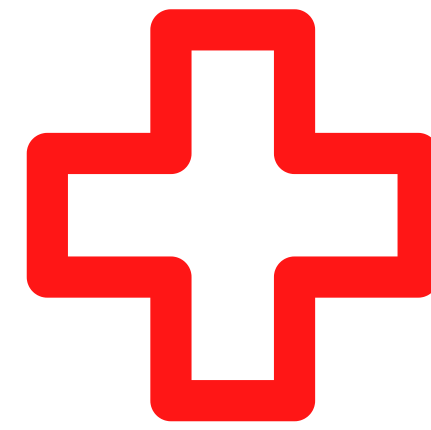
WHAT IS A CONTRAINDICATION?



**A PRE-EXISTING CONDITION OR CIRCUMSTANCE THAT
INDICATES A PARTICULAR DRUG OR TECHNIQUE
SHOULD NOT (OR MAY NOT BE SAFE TO) BE USED**



CONTRAINDICATIONS

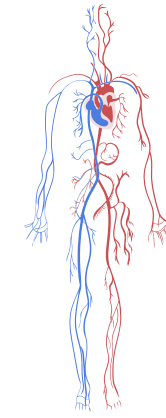


THE CORE LIST:

- **CARDIOVASCULAR ISSUES**



CARDIOVASCULAR



- **CARDIAC ARRHYTHMIA**
- **SLOW OR FAST HEART RATE**
- **LOW OR HIGH BLOOD PRESSURE**
- **RECENT HEART ATTACK**
- **ANY KIND OF HEART DISEASE OR CONDITION**



CONTRAINDICATIONS



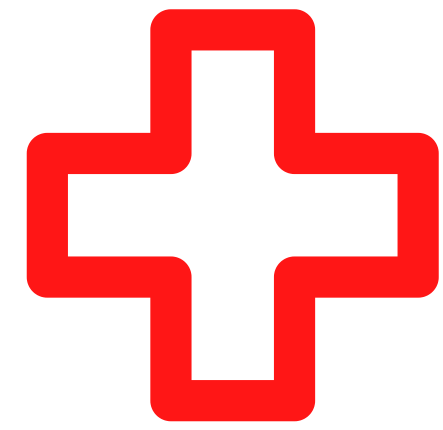
THE CORE LIST:

- **CARDIOVASCULAR ISSUES**
- **CHRONIC RESPIRATORY CONDITIONS**





CONTRAINDICATIONS

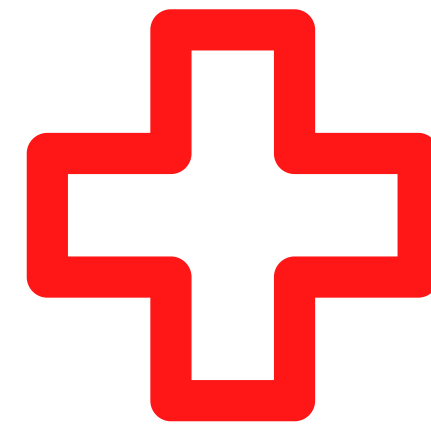


THE CORE LIST:

- CARDIOVASCULAR ISSUES
- CHRONIC RESPIRATORY CONDITIONS
- PREGNANCY



CONTRAINDICATIONS



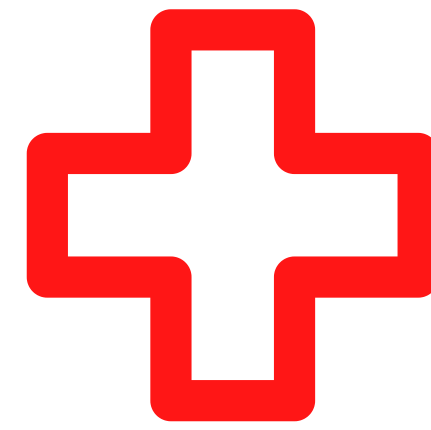
THE CORE LIST:

- **CARDIOVASCULAR ISSUES**
- **CHRONIC RESPIRATORY CONDITIONS**
- **PREGNANCY**
- **HEAVY DUTY MEDICATIONS**





CONTRAINDICATIONS



THE CORE LIST:

- CARDIOVASCULAR ISSUES
- CHRONIC RESPIRATORY CONDITIONS
- PREGNANCY
- HEAVY DUTY MEDICATIONS
- SEVERE MENTAL ILLNESS



SELF MODULATION



1. BREATHE THROUGH THE NOSE

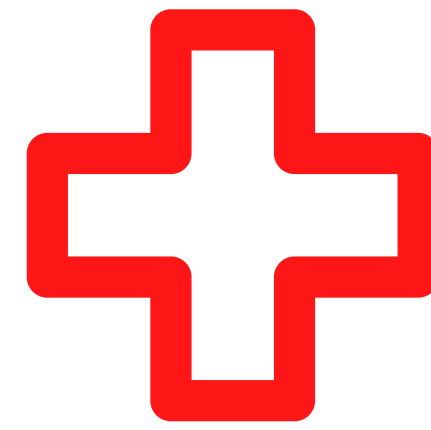
2. BREATHE AT HALF SPEED

3. ASSESS & ADJUST





CONTRAINDICATIONS

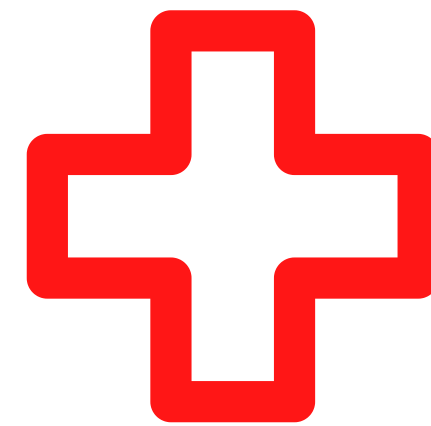


THE CORE LIST:

- CARDIOVASCULAR ISSUES
- CHRONIC RESPIRATORY CONDITIONS
- PREGNANCY
- HEAVY DUTY MEDICATIONS
- SEVERE MENTAL ILLNESS
- HISTORY OF ANEURISMS OR SEIZURES



CONTRAINDICATIONS



HOW TO MINIMIZE THE POTENTIAL OF FAINTING & SEIZURES:

1. NO LONG BREATH HOLDS DURING FULL LENGTH JOURNEYS; KEEP THEM BETWEEN 30-90 SECONDS
2. NO 'INTENSE' SQUEEZING DURING BREATH HOLDS





ADVERSE EVENT MANAGEMENT



FAINTING:

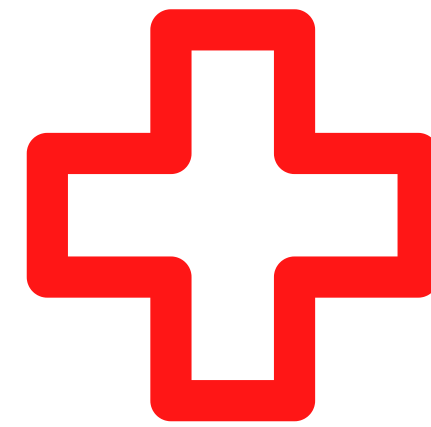
1. DON'T PANIC
2. COACH THEM TO COME BACK SLOWLY
3. "COME BACK, YOU'RE SAFE, BREATHE WITH ME."
4. PEPPERMINT ESSENTIAL OIL

ANOXIC SHOCK OR SEIZURE:

1. KEEP YOURSELF AND EVERYONE ELSE CALM
2. TURN THEM ONTO ONE SIDE
3. NEVER TRY TO HOLD THEM DOWN
4. COMFORT THEM & SPEAK CALMLY



CONTRAINDICATIONS



THE CORE LIST:

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- CHRONIC RESPIRATORY CONDITIONS
- PREGNANCY
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- SEVERE MENTAL ILLNESS
- HISTORY OF ANEURISMS OR SEIZURES
- OSTEOPOROSIS



LIABILITY WAIVER

Liability and Release Waiver

READ THIS FIRST:

PLEASE DO NOT EDIT THIS FORM! TO MAKE A COPY CLICK ON THE THREE LITTLE DOTS IN THE UPPER LEFT NEXT TO YOUR NAME ICON, AND SELECT "MAKE A COPY."

A breathing session may not be suitable for you if you have the following conditions=

Cardiovascular problems, abnormally high blood pressure, aneurysms, epilepsy and seizures in the past, anyone taking heavy medication, severe psychiatric symptoms especially psychosis or paranoia, bipolar, osteoporosis, recent surgery, glaucoma, pregnancy, any A person with a mental illness who is not in treatment or lacks adequate support. People with asthma should bring their own inhaler and consult with their physician and breathing session instructor before participating.

Anyone experiencing an emotional or spiritual crisis: This list is not exhaustive and we generally advise that if you have a question about a condition you may have that is not listed here, you consult a physician before participating in these breathing sessions.

I warrant and represent that I am in good health physically, mentally, psychologically and emotionally, and I understand and warrant that if I am not in good health I will not be allowed to perform the activities and sessions. Accordingly, the declaration and certification that I am in good health in all the above-mentioned respects constitutes a material agreement to allow me to participate in the breathing sessions.


I know and acknowledge that the person facilitating is not a doctor or psychiatrist, or a specialist in health care, and that the activities offered are not intended to treat and diagnose specific medical conditions, whether physical, psychological or emotional

I voluntarily participate in these activities knowing the risks and consequences and agree to assume all consequences, known or not.

I release trainer _____ from all responsibilities, costs and damages that may arise from participating in the above-mentioned activity.

I agree to accept financial responsibility for costs related to treatment

By adding my name below, I acknowledge that I have read the above warning and agree to proceed with full responsibility, and understand that I have waived certain rights by signing and signing this release of liability freely and voluntarily without any external influence in

 brian@yogilab.com (not shared) [Switch account](#)



* Required

I agree to all of the above *

☐ Yes



7,000 DEATHS/YEAR IN THE US ALONE





Keep It Simple.
Know the Risks.
Surrender Your Fear.
Trust in the Process.





REMEMBER THIS...

DON'T FORGET

BREATHWORK HAS BEEN DEEMED A "LOW RISK THERAPY"





BREATHWORK