



**Breath Immersion: From Science to Samadhi Workshop**

**Intake Form**

**Course # 4205-936**

**August 24-29, 2014**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Nearest friend or relative who will be available in the event of an emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

1. HAVE YOU PARTICIPATED IN INTEGRATIVE BREATHWORK, HOLOTROPIC BREATHWORK, THERAPEUTIC BREATHWORK, CONSCIOUS BREATHING, TRANSFORMATIONAL BREATHWORK OR REBIRTHING BEFORE? IF YES, WITH WHOM AND WHEN?

2. WHAT BRINGS YOU TO WANT TO ENGAGE IN THIS PROCESS AT THIS TIME?

3. HAVE YOU DONE OTHER TYPES OF NON ORDINARY STATES WORK? WHAT KIND?

4. ARE YOU CURRENTLY IN THERAPY AND/OR ANY OTHER SUPPORT GROUPS?

5. WHAT DO YOU DO TO SUPPORT YOUR PSYCHOSPIRITUAL GROWTH?

6. DO YOU HAVE ANY CONCERNS OR QUESTIONS ABOUT PARTICIPATING IN THIS WORK?

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### Medical Information Form

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August 24-29, 2014

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(Please print legibly)

Integrative Breathwork is intended as a personal growth experience and should not be used as a substitute for therapy. It is a dynamic experience, both simple and powerful and can be accompanied by strong emotional and physical release. To ensure that the Breath Immersion and/or the Integrative Breathing Intensive is appropriate for you, and that all participants receive proper support please inform us of any present or prior history with cardiovascular problems, severe hypertension, mental illness, recent surgery or fractures, acute infectious illness, epilepsy or spiritual emergency.

If you are pregnant please inform us of the current state and stage of your pregnancy. Pregnancy is a very important and sacred time. We fully support your participation at these workshops and wish to ensure that your Breathwork experience will not only enhance the health of you and your baby, but also help you prepare for an optimal birth.

If you have any questions about whether you should participate, please consult your physician or therapist, as well as the event facilitators, before participating in the Breathwork experience. Please note that it is inappropriate to use recreational drugs prior to, or during, the retreat.

Please check if:

- you are pregnant. Due date \_\_\_\_\_
- you have ever been hospitalized for psychiatric or medical reasons (note details on reverse)
- you are taking any medications. Which? \_\_\_\_\_
- you are currently in therapy or any support group
- there were complications at your birth (Caesarian, anesthesia, multiple births, etc)
- you have attempted or seriously considered suicide (note details on reverse side)
- you are currently experiencing spiritual emergency
- you currently have infectious or communicable disease

Do you have any history of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiovascular disease or heart attack                | <input type="checkbox"/> Headaches           |
| <input type="checkbox"/> Family history of strokes                             | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Diagnosed psychiatric condition                       | <input type="checkbox"/> Aneurism            |
| <input type="checkbox"/> Physical illness or injury                            | <input type="checkbox"/> Epilepsy            |
| <input type="checkbox"/> Recent/current communicable disease                   | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Glaucoma or retinal detachment                        | <input type="checkbox"/> Osteoporosis        |
| <input type="checkbox"/> HIV+  | <input type="checkbox"/> Recent surgery      |
| <input type="checkbox"/> Alcohol or drug abuse                                 |  |
| <input type="checkbox"/> Asthma (IF YES, BRING INHALER TO BREATHWORK SESSIONS) |  |

Is there anything else about your physical or emotional status that we should be aware of?  
If you answered "yes" to any of these questions, please explain on the other side of this sheet.

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**Participation Waiver Statement**

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I hereby confirm that I have read and understood the above information and have answered all questions completely and honestly and have not withheld any information. My general health, other than as noted, is good. I will not use alcohol or recreational drugs during the retreat. I agree to hold Omega Institute, Inspiration, and their agents, as well as the teachers of the Breath Immersion and Integrative Breathing Intensive, and assistants harmless against all loss, damage, liability or expense arising out of, or in connection with anything owned or controlled by Omega Institute or Inspiration, or resulting from any acts, failure to act, or negligence of Omega Institute or Inspiration or its agents.

I agree that my use of the premises, facilities and equipment of Omega Institute is accepted by me at my own risk, and that Omega Institute is absolved and discharged from all liability for any loss or damage I may incur of my personal property.

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Signature

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Date

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Please print your name here

THANK YOU FOR YOUR HELP IN ENSURING THAT THIS WORKSHOP IS AN OPTIMAL EXPERIENCE FOR YOU AND EVERYONE ELSE.

**Please return your completed Intake Form, Medical Information Form and Participation Waiver Statement to Omega as soon as possible by:**

Mail:

Omega Institute for Holistic Studies  
Attn: Registration Dept  
150 Lake Drive  
Rhinebeck, NY 12572

Or scan and email:  
classapplications@eOmega.org

Awakening the Best in the Human Spirit