

Declaration of medical contraindications, conditions and events

I hereby confirm that I do not suffer from epilepsy, a serious cardiovascular problem, glaucoma or aneurysms, and that I am not otherwise in not perfect health, or have otherwise received medical clearance for participation. I accept full responsibility for my health-related actions at all times, including during the event. I agree that if there are indications of health problems or the use of drugs not permitted here, a medical examination may be ordered, carry this out or leave the event without refund of the course fee. I hereby release the doctor from the obligation to maintain medical confidentiality with regard to intoxication with drugs vis-à-vis the organizer. During the event I will leave the course room only for the toilet in the company of an employee of the organizer. I am aware that my state of consciousness changes through this work, that I look deeper into myself and that earlier shocks and pain that led to the loss of parts of my soul become visible again. When we allow the pain that these parts of the soul bring with them, why they left us, we become whole again. In contrast to traumatization, the impairment subsides after a short time and we perceive overwhelming love, oneness with creation and the like.

First name, last name, address

Place, date, signature