

# Ox Gen Movement

## THE OX\*GEN BREATH MOVEMENT CLIENT INTAKE FORM:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
Phone \_\_\_\_\_ I consent to be contacted via.  Mobile.  Email

**\*\*Please answer the questions below.**

How did you learn about Ox\* Gen Breath Movement? \_\_\_\_\_

Have you participated in breathwork before?  Yes  No

How would you rate your current physical health?  Poor  Unsatisfactory  Good  Very Good

### Health Information:

Please provide any relevant information regarding your physical and mental health history, medical conditions, or any current medications you are taking:

Have you previously experienced any form of breathwork or similar practices? If yes, please provide details:

What are your intentions or goals for participating in Ox\* Gen Breath Movement Conscious Connective Breathwork?

Do you have any specific concerns or expectations about the breathwork session? Please explain:

Are you currently undergoing any form of therapy or counseling? If yes, please provide details:

Have you ever been diagnosed with or received treatment for any mental health disorders? If yes, please provide details:

Are you currently experiencing overwhelming sadness, grief, or depression?

If yes, please describe: \_\_\_\_\_

Are you currently experiencing or have you recently experienced any of the following? Please check all that apply:

- High blood pressure
- Respiratory problems
- Heart conditions
- Chronic pain
- Seizures or epilepsy
- Recent surgeries or injuries
- Panic attacks or anxiety disorders
- Pregnancy
- Substance abuse or addiction
- Other (Please specify): \_\_\_\_\_

Please use the space below to provide any additional information that you believe would be helpful for the facilitators to know:

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Please note that this work is a powerful experiential tool for accessing your inner healer and can greatly intensify your transformative process. However, it is NOT suitable if you suffer from the following conditions: Epilepsy, Glaucoma, recent surgery, or currently taking medication for major mental health issues such as psychosis, major depression, or bipolar disorder. Additionally, please refrain from using drugs or alcohol on the day of your session. An further assessment must be carried out by the conducting facilitator or representative if you are pregnant

I acknowledge that if this session brings up any medical or mental health issues, it is my responsibility to seek out immediate treatment and support either from one of the facilitators or my own practitioner.

The information provided is true and correct as of the date signed.

The Ox\* Gen Breath Movement Release for Participation in Event or Activity

Client Intake Form

In consideration of participating in Ox\* Gen Breath Movement ("Releasee"), I hereby agree to the following terms and conditions (the "Activity"):

1. I, and anyone acting on my behalf, release and forever discharge the Releasee and its affiliates, successors, representatives, partners, and anyone acting through them (collectively, the "Released Parties"), from any and all causes of action, known or unknown, which I may have against the Releasee or any Released Parties, arising out of or relating to any injury, loss, or damage to person or property that may occur as a result of participating in the Activity ("Claims").
2. I understand that participating in the Activity carries inherent risks, including the risk of physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent paralysis, and/or death. I voluntarily assume all related risks and choose to participate in the Activity.
3. I agree to indemnify the Releasee against any and all claims, actions, lawsuits, damages, and judgments, including attorney's fees, arising out of or relating to my participation in the Activity.
4. This Release for Participation in Event or Activity ("Release") shall not be construed as an admission by the Releasee that it has acted wrongfully towards me or any other person, that it admits liability or responsibility for any purpose, or that I have any rights against the Releasee.
5. This Release is binding on the parties and their respective heirs, administrators, personal representatives, executors, successors, and assigns. I have the authority to release the Claims and have not assigned or transferred any Claims to any other party. The provisions of this Release are severable. If any provision is deemed invalid or unenforceable, it shall not affect the validity or enforceability of any other provision. This Release constitutes the entire agreement between the parties and supersedes any prior oral or written agreements or understandings regarding the subject matter. This Release may only be modified by a written document signed by both parties. The terms of this Release shall be governed by and construed in accordance with the laws of the State of New South Wales.
6. I have read and understand all the provisions of this Release and voluntarily enter into this Release.
7. The participant agrees that images or recordings can be used in connection with Ox\* Gen Breath Movement

The Ox\* Gen Breath Movement and all participants, individuals, and attendees agree to participate in the sessions only and are bound by the Copyright © and Trademark TM Guidelines & laws. They agree to refrain from replicating the techniques of Ox\* Gen Breath Movement. This agreement is binding on all parties, successors, family, and personal affiliates for a period of 70 years.

Copyright

The Copyright Act 1968 (Cth) protects original literary works, dramatic works, musical works, artistic works, sound recordings, and films broadcasted or published by an Australian or first published in Australia. Copyright protection is automatic and does not require registration. The Copyright Act refers to creators as 'authors' and protects their works for the life of the author. It also provides rights to works from other member countries, including moral rights.

By signing below, I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that this information will be kept confidential and will be used for the purpose of ensuring my safety and well-being during Ox\* Gen Breath Movement Conscious Connective Breathwork session.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this intake form. We look forward to working with you to create a meaningful and transformative breathwork experience. If you have any questions or concerns, please do not hesitate to contact us.

Note: This intake form is for informational purposes only and does not guarantee participation in The Ox\* Gen Breath Movement session.