

# Participation, Health and Consent Declaration

Health Space Zug is operated by:  
Health Space AG  
Grienbachstrasse 17  
6300 Zug

## 1. Participation and Personal Responsibility

Participation in offerings at Health Space Zug is voluntary and at the participant's own risk. The sessions, workshops and applications offered are designed to support regulation, relaxation, prevention, and personal development. **They do not constitute a medical diagnosis or treatment and do not replace medical care or therapy.**

I confirm that I feel physically and mentally capable of participating in the offered sessions or events. If I have any health concerns, I will consult a medical professional before participating.

Possible reactions may include:

- altered breathing patterns
- physical sensations
- emotional responses
- deep states of relaxation

I take responsibility for respecting my physical and psychological limits and for stopping any exercise or application at any time.

## 2. Health Responsibility

I will inform the Health Space Zug team of any health conditions that may affect my participation.

These include in particular:

- heart or cardiovascular conditions
- neurological conditions (e.g. epilepsy)
- severe respiratory conditions
- pregnancy
- recent surgery
- acute injuries
- psychiatric conditions or ongoing psychotherapeutic treatment

## 3. Breathwork Sessions

Breathwork sessions can trigger intense physical and emotional processes. Participation is not suitable in the case of:

- heart conditions (arrhythmia, heart failure, history of heart attack)
- epilepsy or seizure disorders
- severe, untreated high blood pressure
- recent stroke or transient ischaemic attack (TIA)
- severe active psychiatric conditions (psychosis, schizophrenia, severe dissociation)
- active withdrawal from alcohol or medication
- pregnancy
- major surgery within the past 3 months
- asthma: participation only with a prescribed inhaler on hand

For other serious chronic or psychiatric conditions, please consult a medical professional before participating.

#### 4. Use of Devices and Regulation Technologies

Health Space Zug uses various technologies to support regulation and regeneration. I confirm that I will only use devices or technologies after receiving a proper introduction or instruction from the Health Space Zug team or an authorized specialist.

Some applications may include light or visual stimulation systems. Persons with epilepsy, increased light sensitivity or neurological conditions should only use such applications after consulting a medical professional.

#### 5. Psychological and Emotional Processes

Some offerings may support processes of self-awareness and inner regulation. However, participation does not replace psychotherapeutic treatment.

#### 6. Conduct in the Space

I commit to treating other participants, staff, and the premises and equipment of Health Space Zug with respect. Photography or filming of people or sessions by participants is generally not permitted at Health Space Zug.

#### 7. Data Protection

I acknowledge that personal data may be processed in connection with the organization and delivery of offerings. Further information is contained in the Privacy Policy of Health Space AG.

#### 8. Validity of this Declaration

This declaration applies to all future visits to Health Space Zug, provided no relevant changes in health status occur. I undertake to notify the Health Space Zug team without delay if my health status changes in a way that is relevant to my participation.

#### 9. Emergency Contact (optional)

Emergency contact name: \_\_\_\_\_

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

#### 10. Photography and Video Recording

Photos or videos may be taken during events at Health Space Zug.

- I consent to recordings being used for marketing purposes.
- I do not wish to appear in photos or videos.

#### 11. Confirmation

- I confirm that I have read and accept the **Terms and Conditions** and the **Privacy Policy** of Health Space AG.
- I confirm that I am **at least 18 years of age**. Minors may only participate with the written consent of a legal guardian.
- I would like to receive email updates about offerings, events and news from Health Space Zug. I may withdraw my consent at any time.

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

E-mail: \_\_\_\_\_

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

Signature: \_\_\_\_\_