QUANTUM BREATH PRACTITIONER TRAINING

Disclaimer & Safety Notice

Please read this notice carefully before enrolling in or participating in any practice within the Quantum Breath Practitioner Training.

1. Educational Purpose Only — Not Medical or Psychological Advice

The Quantum Breath Practitioner Training (the "Program") is provided for educational, training and professional-development purposes only. It is not medical advice, psychological counselling, psychotherapy, mental-health treatment, diagnosis, cure or prescription of any kind.

Dr. Espen Wold-Jensen delivers the Program in his capacity as an author and educator, not as a treating practitioner. Participation in the Program does not create a practitioner–patient relationship, therapeutic relationship, or clinical duty of care between Dr. Wold-Jensen (or Quantum Human FZ-LLC) and any participant.

Do not use the Program as a substitute for professional medical, psychological or psychiatric care. If you have or suspect any physical or mental-health condition, consult an appropriately qualified, licensed professional before participating in any breathwork practice, and continue any treatment or medication prescribed to you.

2. Nature of the Training and Scope of Practice

The Program is a training course. Completion of the Program and receipt of any certificate:

- is an educational qualification only and does not confer a medical, psychological, or other regulated healthcare license;
- does not authorise the graduate to diagnose, treat, cure or prescribe for any physical or mental-health condition;
- does not replace any registration, licensing, insurance or supervision required to practice breathwork or work with clients in the graduate's own jurisdiction.

As a certified practitioner, you are solely responsible for working within your lawful scope of practice, complying with all applicable laws and professional regulations where you operate, obtaining appropriate professional indemnity/liability insurance, and properly screening, informing and safeguarding your own clients before facilitating any practice with them.

3. Assumption of Risk

Breathwork is a physically, mentally and emotionally active practice that alters breathing patterns, blood-gas chemistry and states of consciousness. Participation involves inherent and foreseeable risks, including but not limited to:

- dizziness, light-headedness and fainting;
- hyperventilation and tetany (temporary muscle cramping or tingling in the hands, feet or face);
- headache, nausea, and changes in heart rate or blood pressure;
- temporary changes in vision or hearing;
- altered states of consciousness;
- the surfacing of intense emotions, crying, laughter, involuntary movements, and emotional release;

- activation of unresolved trauma, re-traumatisation, flashbacks, and spiritual or existential distress;
- physical injury resulting from falls or involuntary movement.

By participating, you voluntarily and knowingly accept full responsibility for these risks, whether known or unknown, foreseeable or unforeseeable, to the maximum extent permitted by applicable law.

4. Medical & Psychological Contraindications

You certify that you are physically and mentally fit to participate and have not been advised otherwise by a qualified medical professional.

Do not participate without first obtaining written clearance from a qualified, licensed medical professional if you have, may have, or are being treated for any of the following:

- Heart attack, stroke, or cardiac surgery within the past six (6) months;
- Cardiovascular disease, aneurysm (personal or family history), or uncontrolled arrhythmia;
- Epilepsy, seizure disorder, or any other condition that may cause loss of consciousness;
- Severe asthma, COPD, or other significant respiratory illness;
- Uncontrolled high or low blood pressure, or any blood-pressure condition requiring active medical supervision;
- Detached retina, glaucoma, or recent eye surgery;
- Advanced osteoporosis, or any recent major surgery or unhealed injury;
- Recent concussion, traumatic brain injury, or other neurological condition;
- Current use of anticoagulant (blood-thinning) medication where changes in blood pressure may pose clinical risk;
- Pregnancy, or any possibility of pregnancy;
- Diagnosed psychosis, schizophrenia, bipolar I disorder, or any condition involving dissociation, where intense breathwork is clinically contraindicated;
- Active suicidal ideation, or active substance-use disorder requiring clinical treatment.
- **Trauma history:** Intense breathwork can surface trauma. If you have a history of PTSD, complex trauma, sexual abuse, or significant mental-health history, consult a qualified mental-health professional before participating and work with appropriate professional support alongside the Program.
- **Acute crisis:** Do not participate if you are currently experiencing an acute mental-health crisis, including active suicidal ideation, a psychotic episode, a manic episode, or a severe dissociative state. If any such crisis arises during your participation, stop all practices immediately and seek professional help.

You agree to discontinue the Program if any of these circumstances change; if you continue regardless, you do so at your own risk.

5. Safety Requirements During Practice

You are solely responsible for your own safety and the safety of your environment during every session. You agree:

- to practice in a safe, private, comfortable space — ideally lying down or seated on a supportive surface — with nothing nearby that could cause injury if you fall or move involuntarily;

- **never** to practice while driving, flying, swimming, bathing, operating vehicles or heavy machinery, near open water, at heights, or in any situation where altered awareness, fainting or involuntary movement could cause harm;
- **not** to consume alcohol, cannabis, psychedelics or other intoxicating substances before or during any practice;
- **to stop immediately and seek appropriate medical attention** if you experience chest pain, prolonged shortness of breath, severe headache, loss of consciousness, seizure activity, or any symptom that feels beyond normal practice effects;
- to have a trusted adult available to check on you (in person or by phone) if you are new to intense breathwork or know you are working with difficult emotional material.

6. Acknowledgement

By enrolling in and participating in the Quantum Breath Practitioner Training, you confirm that you are at least eighteen (18) years of age, that you have read and understood this Disclaimer & Safety Notice, that you are physically and mentally fit to participate, and that you are participating voluntarily and with full informed consent.

The Program is provided by Quantum Human FZ-LLC. This notice summarizes key safety and medical requirements and does not replace the full participant agreement, terms of use or privacy policy applicable to the Program.