The Butterfly Practice - Participant Agreement and Waiver

Please read carefully before participating in the Butterfly Practice.

Nature of the Practice

The Butterfly Practice is an exploratory movement and awareness practice. It is not a therapeutic service or medical treatment. While the practice may have personal benefits, it is offered purely as an educational/experimental space for exploration. The practice is guided through recorded audio to ensure consistent pacing and timing across sessions.

Support Services

I understand that this practice is not a substitute for professional therapeutic or medical care. If I require support for my mental health or wellbeing, I will seek appropriate services such as:

* My regular healthcare provider or GP
* Mental health professionals (psychologists, counsellors, or psychiatrists)
* Lifeline (13 11 14) for 24/7 crisis support
* Beyond Blue (1300 22 4636) for mental health support
* 000 in case of emergency

I acknowledge that it is my responsibility to access appropriate professional support if I experience any concerning physical or emotional responses during or after the practice.

Voluntary Participation

I understand that my participation is entirely voluntary and that I may modify or cease my participation at any time. I acknowledge that it is my responsibility to:

* Work within my own physical and emotional comfort levels
* Inform the facilitator of any injuries or conditions that might affect my participation
* Seek appropriate medical or professional advice if I have concerns about my participation

Assumption of Risk

I understand that any physical activity carries inherent risks. I assume full responsibility for any risk of injury, harm, or loss that may occur during my participation. I confirm that I have no medical conditions that would prevent my safe participation.

Release of Liability

I hereby release and hold harmless the facilitator, Praksis, and all associated parties from any liability, claims, demands, or causes of action arising from my participation in the Butterfly Practice.

By signing below, I acknowledge that I have read, understood, and agree to the above terms.

Media and Privacy I understand that while participating, I should respect the privacy of other participants and not record or share details of their personal experiences without explicit permission.

The facilitator may record portions of the practice for educational and social media purposes. By participating, I acknowledge that I may be recorded, and I give permission for such recordings to be used on the Butterfly Resonance Instagram account. I understand that:

* I can request not to be filmed or to be positioned out of frame
* No close-up or individual footage will be taken without explicit additional consent
* The focus will be on capturing the general atmosphere and practice format
* I can withdraw permission for any specific footage of me to be used