

ADDENDUM 2 · TO THE GENERAL TERMS AND CONDITIONS

Participant Informed Consent and Assumption of Risk

Please read this form carefully before signing. It describes the nature of the Retreat, your personal responsibility, and the risks inherent in voluntary participation.

Inner Sanctum Lda.

Avenida de São Martinho nr 842

4730-520 São Martinho Valbom, Braga distrito, Portugal



Participant name

Retreat

Retreat dates

Acknowledgment of Nature of the Retreat

I acknowledge and understand that the activities offered by Inner Sanctum are designed for personal development, leadership development, self-reflection, coaching, group facilitation and experiential learning purposes.

I further acknowledge that the Retreat does not constitute:

- medical treatment
- psychiatric treatment
- psychotherapy
- psychological counselling
- healthcare services of any kind

Participation in the Retreat is not intended to diagnose, treat, cure or prevent any physical, psychological or medical condition.

Personal Responsibility

I confirm that I am solely responsible for my own physical, emotional and psychological wellbeing before, during and after the Retreat. I undertake to seek independent professional advice from a qualified healthcare practitioner whenever I consider such advice necessary.

Voluntary Participation

I acknowledge that participation in all Retreat activities is voluntary. I may decline to participate in any exercise, activity or practice if I feel uncomfortable or unable to do so safely.

Breathwork and Emotional Processing

I understand that certain Retreat activities may involve breathwork, guided reflection, emotional exploration, group sharing and other experiential practices. I acknowledge that such activities may generate emotional, psychological or physical responses including, without limitation:

- emotional discomfort
- anxiety
- fatigue
- emotional release
- temporary psychological distress
- physical sensations associated with breathing exercises



I voluntarily assume all risks associated with such participation.

Health Declaration

I confirm that, to the best of my knowledge, I am physically and mentally capable of participating in the Retreat. If I have any doubt regarding my suitability, I undertake to consult my own physician or healthcare professional before participation.

Emergency Assistance

In the event of an accident, illness or emergency, I authorise Inner Sanctum to seek appropriate medical assistance on my behalf where reasonably necessary. I understand that any resulting medical costs remain my sole responsibility.

Emergency contact — name

Emergency contact — telephone

Emergency contact — relationship

Limitation of Liability

To the maximum extent permitted by applicable law, I acknowledge that Inner Sanctum shall not be liable for indirect, consequential or special damages arising from my participation. Nothing in this document excludes liability that cannot lawfully be excluded under Portuguese law.

Assumption of Risk

I voluntarily assume all ordinary risks inherent in participation in the Retreat and accept full responsibility for my participation.

Confirmation

I confirm that:

- I have read this document carefully
- I understand its contents
- I have had the opportunity to ask questions
- I agree voluntarily

Participant signature

Date







Inner Sanctum

Nurture Yourself