Health, Safety and Liability

As a Wim Hof and Oxygen Advantage instructor and coach, I make sure that all activities in my courses and coachings are carried out safely and carefully. However, it is not possible for me to conclusively assess individual health risks. General health and safety risks, especially also for the Wim Hof Method, are listed below.

Health

Do not practice the Wim Hof method during pregnancy or if you are an epileptic. People with cardiovascular problems or other health problems should always consult a doctor before starting the Wim Hof or Oxygen Advantage method. If you are unsure about this, contact me before starting the course. Please let me know at the beginning of the course if you suffer from migraine.

Safety

The breathing exercises can have strong physiological effects and must be practiced according to the instructions. In particular, they must always be performed in a safe environment, sitting or lying and never before or during diving, driving, swimming, bathing or other situations where unconsciousness could result in physical harm. The Wim Hof breathing technique may initially cause tingling, ringing in the ears or dizziness. These are normal reactions and no cause for concern. However, if you pass out, you have gone too far and should slow down next time.

The cold is a strong force and extreme cold can be a shock to your body. Therefore, it is important to start the cold exposure slowly and increase it gradually. Always train without force, listen to your body's signals and follow them. If you do not do the exercises responsibly, you risk dangerously hypothermia.

Liability

As a participant you bear full responsibility for yourself and your actions, during and after courses and coachings. Claims for damages against me as the organizer and/or instructor and any employees are limited to cases of intentional or grossly negligent actions.

As a signatory, you agree to the above conditions and confirm, that you have read and understood the health and safety rules.

Name and first name of client/participant:

Place, date:

Signature: