SOUND HEALING LIABILITY WAIVER

PARTICIPANT INFORMATION

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

I, _____ [Participant's Name], hereby acknowledge that I am voluntarily participating in sound healing sessions, activities, and/or classes provided by _____ [Your Name/Organization], and I understand and agree to the following terms and conditions.

1. **Acknowledgment of Participation:** By participating in our sound healing sessions, you acknowledge that you are engaging in activities designed to promote relaxation, stress reduction, and overall well-being.
2. **Health and Well-being:** While sound healing is generally safe for most individuals, we want to ensure your experience is positive and beneficial. If you have any health concerns or medical conditions, we encourage you to consult with a healthcare professional before joining our sessions. Please inform our instructor of any health-related issues before each session so that we can provide appropriate support.
3. **Relaxation and Comfort:** Our priority is to create a safe and comfortable environment for all participants. You can expect a tranquil atmosphere conducive to relaxation and inner peace. If, at any time during the session, you feel uncomfortable or overwhelmed, please feel free to communicate with our instructor, and we will make every effort to accommodate your needs.
4. **Respect for Privacy:** We respect your privacy and confidentiality. Any personal information shared during our sessions will be kept confidential and used solely for the purpose of providing you with the best possible experience.
5. **Release of Liability:** While we take every precaution to ensure your safety and well-being during our sessions, we want to be transparent about the inherent nature of any wellness practice. By participating, you agree to release _____[Your Name/Organization], its instructors, employees, and representatives from any liability for injuries or damages that may occur during or as a result of your participation in our sound healing sessions.
6. **Photography and Recording:** Occasionally, we may capture photographs or recordings of our sessions for promotional or educational purposes. Your participation in our sessions constitutes consent for the use of your likeness, voice, and image in such materials.
7.

By participating in our sound healing sessions, you affirm that you have read and understand the terms and conditions outlined in this waiver. Your safety, comfort, and satisfaction are our top priorities, and we're here to ensure that you have a fulfilling and enriching experience.

_____	_____	_____
Participant's Name	*Participant's Signature*	*Date*
_____	_____	_____
Service Provider's Name	*Service Provider's Signature*	*Date*