SOUND BOWL CONSENT & RELEASE

I understand that a Sound Healing Journey is a relaxation and wellness experience designed to promote rest, mindfulness, and overall well-being. It is not intended to diagnose, treat, cure, or prevent any medical condition.

I understand that participation is voluntary and that I am responsible for communicating any physical limitations, medical concerns, or discomfort before or during the session.

If I have any health concerns, I will consult with my healthcare provider prior to participation.

By signing below, I acknowledge that I am participating voluntarily and accept responsibility for my own well-being during the session.

Participant Name: _____

Signature: _____

Date: _____

Clinical

Sound Healing Journeys are intended to support relaxation, stress reduction, meditation, and overall well-being. These sessions are complementary wellness experiences and are not a substitute for medical care, diagnosis, or treatment.

Participation is voluntary, and each individual is responsible for their own comfort and well-being during the session. Please inform the facilitator of any medical conditions, implanted medical devices, pregnancy, recent surgeries, or other concerns that may affect your participation.

If you have any questions regarding your health or ability to participate, please consult your healthcare provider before attending.

By participating, you acknowledge that you understand the nature of this experience and assume responsibility for your own health and wellness decisions.

Participant Name: _____

Signature: _____

Date: