

Meditation and Sound waiver and consent



Client: _____

Parent/Guardian if under 18 years:

Email: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Any Medical Conditions: _____

Do you have a Pacemaker or Insulin Pump: _____

Any Allergies: _____ Can we use essential Oils? _____

Do you have a meditation Practice?: _____

Have you been to a Sound Bath?: _____

Is there any area or Chakra for focus?: _____

How did you hear about us?: _____

It is my choice to receive vibrational sound therapy and I understand that the practitioner will be using gentle sound and vibration during the sessions on/around me. I have completed this form to the best of my knowledge. I understand that practitioners do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments or pharmaceuticals. I acknowledge that these sessions are not a substitute for medical examination or diagnosis and that it is recommended that I see a primary health care provider for those services.

By signing below, the about terms and conditions are accepted and agreed upon:

Client: _____ Date: _____

Parent: _____ Date: _____
(if under 18)

No information about the client will be discussed or shared without the written consent of the client.