# SOUND BATH LIABILITY WAIVER

Name: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

**Your safety, comfort, and satisfaction are our top priorities, and we are committed to creating a supportive, enriching experience for all participants. Please reach out to the facilitator if you have any questions or concerns.**

**Acknowledgment of Participation:** By participating in our Sound Bath sessions, you acknowledge that you are voluntarily engaging in activities designed to promote relaxation, stress reduction, and overall well-being. You understand that the facilitator is not a healthcare professional and that Sound Baths are not intended to be a substitute for medical treatment, diagnosis, or therapy of any kind. Sound Baths are a complementary wellness practice.

**Health and Well-being:** While Sound Baths are generally safe for most individuals, certain conditions may require caution. If you have any medical concerns, including the ones listed below, you agree to consult with your healthcare provider before attending a session. You acknowledge that your participation is voluntary and that you assume full responsibility for your physical, emotional, and mental well-being during and after the session.

Precautions and Contraindications:

**Pacemakers and other electronic, electrical or metal implants:** Vibrations from the instruments may interfere with these devices; consult your healthcare provider before attending.

**Pregnancy:** The effects of sound frequencies during pregnancy are not well studied; consult your healthcare provider before attending.

**Epilepsy or history of seizures**: In rare cases, certain frequencies may trigger seizures in individuals with epilepsy; consult your healthcare provider before attending.

**Severe mental health conditions (such as psychosis):** The effects may be disorienting for some individuals; consult your healthcare provider before attending.

**Sensitivity to sound:** If you have heightened sensitivity to sound, consider using earplugs or sitting further away from the sound source. If you wear hearing aids, you may need to adjust them for comfort.

**Release of Liability:** By participating, you agree to release, waive, and hold harmless Nicole Smart, doing business as Willow Wellness Pathways, The Garden Within, Survivor Ventures, the venue owner, and any associated staff, volunteers, contractors, or affiliates from any and all liability, claims, demands, damages, or causes of action arising out of or related to your participation in any Sound Bath session or related activity. This release extends to all claims of every kind and nature, whether known or unknown, and includes any claims that may arise from the ordinary negligence of the released parties, to the fullest extent permitted by Florida law.

**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. If you are not comfortable with being photographed or recorded, please inform the facilitator before the session begins.

***By signing below, you affirm that you have read and fully understand the terms and conditions outlined in this waiver and that you voluntarily agree to its terms.***

_____ _____

Participant's Signature Date