



Sacred Sounds – Participation Waiver

By signing below, I understand and agree to the following:

Sacred Sounds offers sound-based experiences intended for relaxation, reflection, and personal awareness. These experiences are not medical, psychological, or therapeutic services and are not a substitute for professional care.

Participation is voluntary. I understand that sound experiences may involve sitting or lying down while listening to sound and vibration. I agree to listen to my body and participate in a way that feels appropriate for me.

If I have a medical condition, sound sensitivity, am pregnant, or have concerns about participating, I understand it is my responsibility to consult a qualified healthcare professional before attending. I may pause or stop participation at any time.

By choosing to participate, I accept personal responsibility for my experience and release Sacred Sounds, its owners, and facilitators from liability related to my participation.

I confirm that I have read and understand this waiver and choose to participate freely.

Name: _____

Signature: _____

Date: _____