

Sound Healing Waiver and Request Form

Personal Information

Full Name

Date of Birth

Phone Number

Email

Emergency Contact

Name

Phone Number

Health Information

Please list any physical, mental, or emotional health conditions or concerns

Medications currently taking

Have you experienced sound healing or other energy modalities before?

Request & Intentions

Is there anything specific you would like to focus on or receive from your session?

Waiver Agreement

I understand that sound healing is a complementary practice and does not substitute for medical treatment. If I have a health concern, I will consult my physician. I accept full responsibility for my participation and waive any claim against the facilitator and location.

☐ I have read and agree to the terms above.

Signature

Date