

Please read the following waiver and safety information:

About Sound Therapy:

Sound Healing uses sound, vibration, and intention to gently transition a person from their normal waking state of consciousness (beta) to a highly relaxed state of consciousness (alpha, theta and delta).

In this relaxed state, a person's own innate healing abilities are able to work more effectively to bring the person back into optimal vibrational alignment that enhances overall health and well-being.

Sound Therapy practitioners are not licensed health professionals. As such, they will not diagnose, prescribe substances, perform medical treatment, or interfere with the treatment of a qualified physician or other licensed medical professional. The services offered are considered complementary to traditional Western medical practices.

Medical Contraindications & Health Considerations:

Sound therapy may not be appropriate for individuals with certain medical conditions. I acknowledge that I have been advised to consult with my healthcare provider before participating if I have any of the following conditions:

Pregnancy (especially first trimester)

Epilepsy or seizure disorders

Recent surgery or metal implants

Pacemakers or electronic medical implants

Tinnitus or sound sensitivity

Mental health conditions that could be triggered by altered states of consciousness

Potential Effects & Reactions:

I understand that sound therapy may produce various physical, emotional, and psychological effects, including but not limited to:

Emotional release or unexpected emotional reactions during deep relaxation

Dizziness, nausea, or disorientation during or after the session

Temporary difficulty with balance when standing after lying down

Discomfort from certain sound frequencies or prolonged exposure to sound

Physical discomfort if instruments are placed on or near the body

If I experience any discomfort, pain, or concerning symptoms during the session, I will immediately inform the practitioner.

Acknowledgement & Release of Liability:

I have read and understand the above disclosure about Sound Therapy sessions.

I acknowledge that I am participating voluntarily and assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in this sound healing session.

My signature acknowledges that I shall not now or at any time in the future bring any legal action against Resonance LLC, its volunteers/employees/affiliates, or the sound healing practitioner in case of personal injury or property damage. I hereby release Resonance LLC and the sound healing practitioner from any and all liability, negligence, or other claims arising from or in any way connected with my participation in sound therapy.

Image Release:

I understand that photographs, video recordings, and/or audio recordings may be taken of me during this workshop or event. I grant permission for these images and recordings to be used by the organizers for educational, informational, and promotional purposes. This may include use in print materials, presentations, websites, social media, and other digital or physical formats.

I understand that my participation is voluntary and that I will not receive compensation for the use of these images or recordings. I also understand that the images and recordings may be edited, copied, or distributed, and that I may not inspect or approve the final materials.

I release the organizers from any claims related to the use of these images or recordings, including claims related to privacy or publicity.