



Sound Bath & Wellness Experience

Participant Waiver & Informed Consent

Participant Name: _____

Date: _____

By signing below, I acknowledge and agree to

the following:

1. Nature of the Experience

I understand that this sound bath, meditation, or wellness experience is designed to support relaxation, nervous system regulation, and general well-being through the use of sound, guided meditation, breath, and/or reflective practices.

I understand that this offering is educational and experiential in nature and is not psychotherapy, medical treatment, or a substitute for licensed mental health or medical care.

2. Voluntary Participation

I understand that my participation is voluntary. I may pause, step out, adjust my position, or discontinue participation at any time without penalty.

I agree to take responsibility for my own physical, emotional, and mental well-being during the experience.

3. Health Considerations

I acknowledge that I have been advised to consult a healthcare provider prior to participating if I have:

- A seizure disorder or epilepsy
- A pacemaker or implanted medical device
- Significant sound sensitivity
- A high-risk pregnancy
- Acute or unmanaged mental health symptoms

I affirm that I have disclosed any relevant medical or psychological conditions that may impact my participation.

4. Emotional Release

I understand that sound and meditative practices may evoke emotional responses, memories, or physical sensations. I acknowledge that I will hold space for others withholding judgement and I am responsible for seeking appropriate professional support for myself, if needed, following the experience.

5. Assumption of Risk

I understand that while these practices are generally considered safe, there are inherent risks in any wellness activity. I voluntarily assume full responsibility for any risks, injuries, or damages that may occur as a result of my participation.

I release and hold harmless Megan Bowsher, MSW, LISW, and Counseling, Creativity & Compassionate Care from any and all liability related to my participation.

6. Scope of Services

I understand that participation in this event does not establish a therapist-client relationship unless I am separately engaged in clinical services under a signed psychotherapy agreement.

7. Photography

I consent to photographs or videos taken during the event being used for promotional purposes.

I do not consent to photography or video use.

Acknowledgment

By signing below, I acknowledge that I have read and understand this waiver and voluntarily agree to its terms.

Signature: _____

Printed Name: _____

Date: _____