

Sound Healing Liability Waiver & Informed Consent Form

Confidential – Client and Practitioner Agreement

Client Information:

Name: _____ Date of Birth: ____/____/____

Address: _____

Email: _____ Phone Number: _____

Purpose of Sound Healing

I understand that sound healing is a complementary and holistic practice that uses vibrational frequencies to promote emotional, energetic, physical, and spiritual well-being. Instruments such as crystal bowls, metal bowls, gongs, drums, chimes and the voice may be used during the session. Sound healing is not a substitute for licensed medical, psychological, or psychiatric care and is not intended to diagnose, treat, or cure any disease or condition.

Informed Consent and Voluntary Participation

- I understand that my participation in sound healing is voluntary
- Sessions may create emotional, physical, or energetic responses
- I may choose to pause, modify, or discontinue participation at any time
- No specific outcomes are guaranteed

If at any time during the session you feel discomfort or strain, gently change your position or let Alba know.

Health & Safety Disclosure

I affirm that I have disclosed any known health conditions that may affect my experience.

Circle if you have any of the following:	
Epilepsy or seizure disorders	Pregnancy
Tinnitus or sound sensitivity	Pacemaker or implants
PTSD or trauma sensitivity	Numbness (where?)
Other:	

Confidentiality Agreement

All personal information and experiences shared will be kept confidential, unless:

- Harm to self or others is disclosed
- Abuse or neglect of a minor, elder, or vulnerable adult is suspected
- Disclosure is legally required

Release of Liability

I release and discharge my sound healing practitioner from all claims, demands, and liability arising from participation in this service. I assume full responsibility for my health and well-being, during and after the session.

Client name (Print) _____

Signature _____ Date _____