

Sound Healing Table Release Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following conditions?

Please Circle

Yes No Pacemaker

Yes No Insulin Pump

Yes No Electrical Implant

Yes No Seizure Disorder

Yes No Pregnancy

Yes No Organ Transplant

The above conditions are contraindicated for the sound table.

Sound Sessions are meant to support the bodies own balancing energies and not to replace any professional physical or mental medical treatment. I agree not to hold Aqua Serene Wellness and staff liable for any side effects that may occur as a result of use of sound table sessions.

By signing this agreement I understand the use, risks and benefits of sound sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature