



CONSENT FORM

I herewith confirm that I filled in the Client-Intake-Form and that all information given are accurate and complete.

I am aware that although a Sound Bath can have healing effects on body and mind, it does not replace a doctor's appointment / examination / treatment.

I am aware that a sound therapist does not make any diagnosis and ongoing medical treatments should not be interrupted nor should medication be stopped arbitrarily.

I herewith assert that I will act on my own responsibility regarding the suggestions on the After-Care-Form, particularly but not exclusively regarding the intake of water, grounding and diet.

I will adhere to the current health and safety-regulations.

Date

Name

Signature