



Patty Vaillancourt
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WAIVER AGREEMENT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

EMERGENCY CONTACT (relationship): _____

EMERGENCY CONTACT PHONE #: _____

Have you practiced in a group meditation/healing session before? YES/NO (Please circle)

Waiver:

If at any time during the session, you feel discomfort or strain, gently change your position, or let the practitioner know. I, the undersigned, understand that this healing session is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including Sound Healing. I recognize that it is my responsibility to notify my practitioner of any serious illness or injury before every session. I accept that neither the practitioner, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from participating in this class. Those under 18 years of age must have this form signed by a parent or guardian.

Signature Date

Print Name

Parent/Guardian Date

Print Name