**Mindful Body Balance Vibroacoustic Therapy Consent Form**

**Client Information:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment and Consent:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client's name), hereby consent to participate in vibroacoustic therapy sessions provided by Mindful Body Balance. I understand that vibroacoustic therapy involves the use of sound vibrations and therapeutic music to promote relaxation and well-being.

**Health Information:**

I acknowledge that I have provided accurate and complete information regarding my health history and current medical conditions. I understand that it is my responsibility to inform the therapist of any changes in my health status.

**Potential Risks and Benefits:**

I understand that while vibroacoustic therapy is generally considered safe, there may be potential risks, including but not limited to:

* Temporary discomfort or dizziness
* Aggravation of pre-existing conditions

I acknowledge that the therapist has explained the potential benefits and risks of vibroacoustic therapy, and I have had the opportunity to ask questions and receive satisfactory answers.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_