Sound and Energy Healing Participation & Liability Release Form

Dragonfly Pond Holistic Services, LLC
Facilitator: Lora Tincher
www.dragonflypondenergy.com | 502-216-7134

1. Acknowledgment of Potential Risks

I understand that sound and energy healing sessions may include the use of vibrational instruments such as crystal singing bowls, gongs, tuning forks, chimes, drums, and other tools. These sessions are intended for stress reduction, relaxation, and energetic alignment.

While many participants experience peaceful and restorative effects, I acknowledge that I may also experience temporary responses such as:

- Emotional release (e.g., crying, agitation).
- Lightheadedness or dizziness.
- Tingling, warmth, or physical sensations.
- Heightened sensitivity to sound or vibration.
- Deep relaxation or altered states of awareness.
- I agree to communicate with the facilitator if I experience discomfort during the session.

Participant Initials: _____

2. Medical Considerations & Contraindications

I understand that sound and energy healing may not be appropriate for all individuals. I confirm that I have disclosed any of the following, if applicable:

- History of epilepsy or seizures.
- Use of a pacemaker or other implanted medical device.
- Metal implants in the body, including artificial joints, pins, and all other metal supports.
- Pregnancy, in-vitro treatments, or history of miscarriage or complications during pregnancy.
- Diagnosed mental health conditions (e.g., schizophrenia, bipolar disorder, PTSD, depression, anxiety).
- Hearing disorders, tinnitus, or sound sensitivity.
- Recent surgeries or physical injuries.
- Cardiovascular conditions or severe blood pressure issues.
- History of blood clots, deep vein thrombosis (DVT), or clotting disorders.
- Cancer or current/recent cancer treatments such as chemotherapy, radiation, or immunotherapy.

- Sensitivity to scents, essential oils, or any other herbal remedy or device used to enhance the sound healing experience.
- I understand that it is my responsibility to consult a licensed medical/mental health provider before participating if I have concerns related to any of the conditions listed above or those otherwise not listed above. I assume all responsibility for my physical and mental well-being during the session.

Participant Initials: _____

3. Not a Substitute for Medical or Psychological Treatment

I acknowledge that sound and energy healing is a complementary wellness modality. It is not a substitute for medical or psychological diagnosis or treatment. I understand that the facilitator does not diagnose, treat, or prescribe for any physical or mental health conditions.

I agree to continue all treatments prescribed by my medical and/or mental health providers and will consult them prior to participating if necessary. I understand that energy healing can complement but not replace professional care.

Participant Initials: _____

4. Voluntary Participation & Consent

I understand that participation is completely voluntary and that I may withdraw at any time. I agree to communicate with the facilitator about any discomfort or concerns before, during, or after the session. I take full responsibility for my choices and experience during the sound healing session.

Participant Initials: _____

5. Liability Waiver & Release of Claims

I hereby release and hold harmless Dragonfly Pond Holistic Services, LLC, Lora Tincher, and any associated representatives from all liability, claims, demands, or causes of action related to any loss, damage, or injury-physical, emotional, or psychological-that may arise from my participation in this sound and energy healing session.

This release extends to all activities conducted by the facilitator during private or group sound sessions, whether in person, virtually, or outdoors.

Participant Initials: _____

6. Ongoing Consent for Future Sessions

By signing this form, I understand that my consent and release of liability apply to all sound bath/healing/meditation and energy healing sessions conducted by Lora Tincher or Dragonfly Pond Holistic Services, LLC that I may attend now in the future. I acknowledge that it is my responsibility to notify the facilitator of any change to my health status and any concerns before participating in any future sessions.

Participant Initials: _____

Participant Acknowledgment

By signing below, I confirm that I have read, understand, and agreed to all the information and terms outlined above.

Printed Name: _____

Signature: _____

Date: _____

Emergency Contact: _____

Emergency Contact Phone: _____