

CONSENT TO TREATMENT / PARTICIPATION AGREEMENT

Sound therapy is a relaxation and wellness practice. It is not a substitute for medical treatment. Instruments may be placed near or gently on the body unless otherwise stated by the client.

I understand that:Sound therapy does not diagnose, tParticipation is voluntary and mayI am responsible for communicating	be stopped at any time
Please check which applies: [] I consent to have instruments gently placed on or near my body. [] I do not consent to have any physical contact with instruments.	
I voluntarily consent to participate in	n sound therapy at Waves of Grace Sound Therapy.
Client Signature & Date	Practitioner Signature & Date