

## OMSEMBLE PARTICIPANT INFORMATION, LIABILITY WAIVER & INFORMED CONSENT

### PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

### ASSUMPTION OF RISK, MEDICAL DISCLAIMER & RELEASE OF LIABILITY

I understand that OMSEMBLE offerings may include, but are not limited to, sound journeys, nature walks or outdoor activities, group gatherings, food experiences, and yoga or gentle movement.

I knowingly and voluntarily acknowledge and agree to the following:

#### 1. Inherent Risks of Participation

I recognize that participation in OMSEMBLE activities, including sound journeys, outdoor experiences, group settings, food-related activities, and yoga or movement, involves physical, emotional, and environmental risks. These may include, but are not limited to, muscle strain, dizziness, emotional release, allergic reactions, falls, or other injury. I voluntarily assume all such risks, whether known or unknown.

#### 2. Personal Medical Responsibility

I understand that it is my responsibility to consult with a licensed healthcare provider prior to participation if I have any medical concerns, conditions, or limitations. I represent that I am capable of participation or have chosen to participate despite any known conditions.

#### 3. Sound Journeys Disclaimer

I understand that sound journeys involve the use of vibrational sound through instruments and/or voice to support relaxation and awareness. Individual responses vary and may include temporary physical or emotional sensations. Sound journeys are a complementary wellness practice and are not a substitute for medical care.

#### 4. Nature & Outdoor Activities

I understand that outdoor activities involve risks such as uneven terrain, weather conditions, insects, plants, and other natural hazards. I voluntarily assume all risks associated with outdoor participation.

#### 5. Food, Allergies & Sensitivities

I understand that OMSEMBLE may include food offerings or shared meals. I am solely responsible for disclosing my food allergies, sensitivities, or dietary needs and for making informed choices. OMSEMBLE does not guarantee allergen-free environments.

#### 6. Communicable Illness Risk

I acknowledge that participation in group activities carries an inherent risk of exposure to communicable illnesses, including COVID-19 or other viruses. I voluntarily assume this risk and agree not to attend if I am experiencing symptoms of illness or have tested positive, and to follow applicable public health guidelines.

#### 7. Medical Disclaimer & Physician Liability Release

I understand that OMSEMBLE activities are not medical care or medical advice. The presence or involvement of a licensed physician or healthcare professional does not create a doctor-patient relationship and does not constitute diagnosis, treatment, or medical consultation. I voluntarily release any physician or healthcare professional involved with OMSEMBLE from liability related to my participation, to the fullest extent permitted by law.

#### 8. General Release & Waiver of Liability

In consideration of being permitted to participate in OMSEMBLE activities, I knowingly and voluntarily release, waive, and discharge OMSEMBLE, its organizers, facilitators, instructors, contractors, volunteers, affiliated healthcare professionals, and representatives from any and all claims or liabilities arising from my participation, including those based on negligence, to the fullest extent permitted by law.

#### 9. Acknowledgment of Understanding

I affirm that I have read and understand this waiver and voluntarily agree to its terms. I understand that by signing this document, I am giving up certain legal rights.

### PARTICIPANT HEALTH, SENSITIVITY & ALLERGY DISCLOSURES

Medical Conditions, Injuries, or Limitations:

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Sound Sensitivities:

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Food Sensitivities, Allergies & Dietary Restrictions:

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Additional Health Information (Optional):

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#### ACKNOWLEDGMENT & SIGNATURE

I confirm that the information provided above is accurate to the best of my knowledge. I understand that failure to disclose relevant conditions, sensitivities, or allergies may increase my risk of injury or adverse reaction, and I accept full responsibility for my participation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_