



Pathway 2 Zen

General Liability Release Form

By signing below, you agree to the following:

- 1) I give my permission to receive vibrational sound therapy.
- 2) I understand that therapeutic vibrational sound therapy is not a substitute for traditional medical treatment or medications.
- 3) I understand that the sound practitioner does not diagnose illnesses or injuries, or prescribe medications.
- 4) I have clearance from my physician to receive sound therapy.
- 5) It is my choice to receive sound work and I understand that the practitioner will be using gentle sound and vibration during these sessions on/around me.
- 6) I understand the importance of informing my sound practitioner of all medical conditions and medications I am taking, and to let the practitioner know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform my sound practitioner of any discomfort I may feel during the massage session so he/she may adjust accordingly.
- 8) I understand that I or the sound therapist may terminate the session at any time for misconduct.
- 9) I have been given a chance to ask questions about the session and my questions have been answered.
- 10) I release the sound practitioner of any and all liability for any harm that may unintentionally and/or accidentally occur during my session and on the property of 342 South Road, Brentwood, NH.

Signature _____

Date _____



