

# SOUND HEALING / SOUND BATH EVENT LIABILITY WAIVER

**EVENT DETAILS:** “Facilitator”: *Kimberly V. Dunn, Rays of Life, LLC*

Event Name: \_\_\_\_\_

“Venue” Name/Address: \_\_\_\_\_

Event Day / Date: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW:** I, the undersigned participant, acknowledge that I have voluntarily chosen to participate in a **sound healing session** facilitated by **Kimberly V. Dunn, Rays of Life, LLC ("Facilitator")**. I understand that sound healing is a complementary wellness practice that involves the use of **sound frequencies, instruments, and vibrations** to support relaxation and well-being. I recognize that sound healing is **not a medical treatment** and is not a substitute for professional medical advice, diagnosis, or treatment.

**ASSUMPTION OF RISK:** I acknowledge and agree to the following:

1. I am voluntarily participating in this sound healing session with the understanding that **individual responses to sound healing or sound therapy vary** and that I may experience physical, emotional, or energetic shifts.
2. I understand that if I have **any pre-existing medical conditions**, including but not limited to epilepsy, sound-induced seizures, tinnitus, mental health conditions, or pregnancy, I should consult with my healthcare provider before participating.
3. I take full responsibility for my own **health, safety, and well-being** during and after the session.
4. If I experience any discomfort, I will notify the Facilitator immediately and discontinue participation if necessary.

**RELEASE OF LIABILITY:** I hereby release, waive, discharge, and hold harmless **Kimberly V. Dunn, Rays of Life, LLC ("Facilitator")**, and the “Venue” hosting this event from any and all liability, claims, demands, or legal actions arising from my participation in this current and any future sessions. I fully understand and accept that neither the Facilitator nor the venue is responsible for any personal injury, property damage, or health-related issues that may arise during or after the session(s).

**INFORMED CONSENT:** I confirm that:

1. I am **at least 18 years old** or have the consent of a parent/guardian.
2. I understand the nature of this sound healing session and voluntarily agree to participate.
3. I acknowledge that this waiver applies to **all future sessions** I attend with the same Facilitator unless otherwise stated.
4. I give consent to Kimberly V. Dunn, Rays of Life, LLC to publish event photos where I may appear in marketing materials.

**SIGNATURE:** By signing below, I confirm that I have read, understood, and agree to the terms stated herein.

Date: \_\_\_\_\_

Participant  
Name (Print): \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

*May I keep you in the loop about upcoming sound healing events, early access opportunities, and special offers? (Check one)*

☐ Yes Please!

☐ No, Thank  
you anyway

**If the participant is under the age of 18, a parent or guardian's signature is required below.**

Parent/Guardian  
Name (Print): \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Facilitator Use Only:**

- ☐ Participant provided verbal/written consent before the session.  
☐ Participant disclosed relevant medical conditions (if applicable).