IN-HOME SOUND HEALING BATH

CLIENT AGREEMENT, INFORMED CONSENT & LIABILITY WAIVER

Holly Benedetto LPC

Head Up A New Direction In Healing

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Client Name: _____
Client Phone: _____
Client Email: _____

Session Date: _____

Session Location: _____

1. DESCRIPTION OF SERVICES

An In-Home Sound Healing Bath is a wellness experience involving the use of sound, vibration, music, meditation, breath awareness, and/or relaxation techniques. Instruments may include singing bowls, gongs, chimes, drums, tuning forks, or other sound-healing instruments.

The purpose of the session is to promote relaxation, mindfulness, stress reduction, and a sense of well-being.

I understand that sound healing is a complementary wellness practice and is **not medical treatment, psychotherapy, physical therapy, or a substitute for professional medical or mental-health care.**

2. VOLUNTARY PARTICIPATION & INFORMED CONSENT

I understand that participation in the session is voluntary. I may choose to stop, pause, change position, or leave the session at any time.

I understand that individual responses to sound, vibration, meditation, and relaxation practices vary. Possible experiences may include relaxation, emotional release, temporary discomfort, dizziness, headache, sensitivity to sound, changes in mood, or other unexpected sensations.

I agree to communicate promptly with the practitioner if I experience discomfort or would like the session modified or stopped.

3. HEALTH & SAFETY DISCLOSURE

I understand that I am responsible for informing the practitioner before the session of any medical, physical, psychological, or other condition that may affect my ability to safely participate.

I agree to disclose any relevant conditions, injuries, recent surgeries, pregnancy, sensory sensitivities, hearing concerns, medications, or other circumstances that I believe may be important for the practitioner to know.

I understand that the practitioner is not responsible for determining whether sound healing is medically appropriate for me.

If I have questions about whether I should participate, I agree to consult my physician or qualified healthcare professional before the session.

4. ASSUMPTION OF RISK

I voluntarily participate in the sound healing session and understand that there are inherent risks associated with any wellness or relaxation activity, including but not limited to discomfort from sound or vibration, dizziness, emotional reactions, difficulty relaxing, or physical discomfort resulting from remaining in a particular position.

I knowingly assume responsibility for risks associated with my voluntary participation, except to the extent that such responsibility cannot legally be waived.

5. EMERGENCIES

I understand that the practitioner is not providing emergency medical services.

If an emergency occurs, I authorize the practitioner to contact emergency medical services when reasonably necessary.

Emergency Contact Name: _____
Relationship: _____
Phone: _____

6. IN-HOME SESSION REQUIREMENTS

Because the service takes place in a private residence, I agree to provide a reasonably safe, clean, and suitable environment for the session.

I agree to:

- Provide adequate space for the practitioner and equipment.
- Keep walkways reasonably clear and accessible.
- Inform the practitioner of stairs, hazards, pets, or other safety concerns.
- Secure pets when reasonably necessary.
- Ensure that children and other household members do not interfere with the session or equipment.
- Inform the practitioner of any circumstances that could reasonably affect safety.

The practitioner may decline to begin or may end a session if the environment is considered unsafe, threatening, excessively disruptive, or otherwise unsuitable.

7. PROFESSIONAL BOUNDARIES

The session is strictly a wellness and sound-healing service.

No sexual, intimate, or inappropriate physical contact is part of the service. Any physical contact, if offered as part of the practitioner's stated practice, will be subject to appropriate professional boundaries and client consent.

Either the client or practitioner may end the session at any time if boundaries are not respected.

8. PAYMENT

Session Fee: $_40_____

Payment is due at the time of scheduling

Any additional travel, setup, special-event, or other agreed-upon fees will be communicated to the client before the session.

9. CANCELLATION & RESCHEDULING

Please provide at least **24 hours' notice** if you need to cancel or reschedule.

Cancellations made with less than the required notice may result in forfeiture of the deposit or a cancellation fee of $0 NO REFUND.

The practitioner reserves the right to waive or modify a cancellation fee at their discretion for emergencies or extraordinary circumstances.

If the practitioner must cancel or reschedule, reasonable efforts will be made to provide an alternative date or refund any applicable payment for services not provided.

10. PERSONAL BELONGINGS & PROPERTY

I understand that I am responsible for my personal belongings during the session.

The practitioner will use reasonable care when bringing and setting up equipment in the home. I agree to disclose any fragile surfaces, valuable property, electrical concerns, or other conditions that could affect equipment setup.

11. PHOTOGRAPHY & RECORDING

Select one:

☐ I **DO consent** to photographs and/or video being taken during my session for promotional, educational, or social-media purposes.

☐ I **DO NOT consent** to photographs and/or video being taken or used for promotional, educational, or social-media purposes.

If consent is provided, I understand that I may withdraw future consent by notifying the practitioner in writing.

12. PRIVACY & CONFIDENTIALITY

The practitioner will make reasonable efforts to respect the privacy of the client and information shared during the session.

I understand that sound healing sessions are not necessarily subject to the same legal privacy protections as medical or mental-health services.

13. RELEASE & LIMITATION OF LIABILITY

To the fullest extent permitted by applicable law, I agree that the practitioner and business shall not be liable for injuries, losses, damages, or claims arising from my voluntary participation in the session, except where such liability cannot legally be excluded or limited.

I understand that this agreement does not waive rights or liabilities that cannot legally be waived under applicable law.

14. NO GUARANTEE OF RESULTS

I understand that sound healing is intended as a complementary wellness experience and that no specific physical, emotional, psychological, medical, or therapeutic result is promised or guaranteed.

15. CLIENT ACKNOWLEDGMENT

By signing below, I confirm that:

- I have read and understand this Agreement.
- I have had the opportunity to ask questions.
- I understand the nature and purpose of the sound healing session.
- I understand that this service is not medical or mental-health treatment.
- I have disclosed relevant information that may affect my participation.
- I voluntarily choose to participate.
- I agree to communicate with the practitioner if I experience discomfort or wish to stop.
- I understand and agree to the policies and terms contained in this Agreement.

CLIENT

Printed Name: _____

Signature: _____

Date: _____

PRACTITIONER

Printed Name: _____

Signature: _____

Date: _____

OPTIONAL CLIENT HEALTH & SAFETY QUESTIONNAIRE

Please check any that apply and discuss anything you feel is relevant with the practitioner:

☐ Sound/hearing sensitivity
☐ Dizziness or balance concerns
☐ Recent surgery or injury
☐ Pregnancy
☐ Cardiovascular concerns
☐ Neurological concerns
☐ Seizure history
☐ Significant mental-health concerns
☐ Current illness or acute symptoms
☐ Other: _____

Additional information I would like the practitioner to know: