SHANTI SOUNDS

body . mind . spirit . fur

Participant Waiver, Release and Consent

Yoga • Reiki • Sound Healing

PARTICIPANT NAME _____ **DATE** _____

EMAIL _____ **PHONE** _____

EVENT OR LOCATION _____

Participation and Risk

I understand that my participation in the yoga, Reiki, and sound healing event hosted by Shanti Sounds may involve physical activity, and that there are inherent risks associated with such activity. I acknowledge that I am participating voluntarily and at my own risk.

Release

In consideration of being allowed to participate in this event, I waive, release, and discharge Shanti Sounds and Shanti & Me LLC, and their owners, employees, and agents, from any and all claims, demands, suits, or causes of action arising out of or related to my participation in this event.

Not a Medical Service

Sound healing, Reiki, and yoga offered by Shanti Sounds support rest and nervous system regulation. They are not medical treatment and are not a substitute for care from a licensed medical professional. I am responsible for deciding whether this activity is appropriate for me.

Photography and Recording

I agree to allow Shanti Sounds to photograph or video record me during the event for use in promotional materials, including brochures, social media, and the Shanti Sounds website. I understand that I will not receive compensation for such use.

PHOTOGRAPHY PERMISSION (YES / NO) _____

Signature

I acknowledge that I have read and understand this waiver and release, and that I am signing it voluntarily.

PARTICIPANT SIGNATURE _____ **DATE** _____

If the participant is under 18 years old, this waiver must be signed by a parent or legal guardian.

PARENT OR GUARDIAN NAME _____ **DATE** _____

PARENT OR GUARDIAN SIGNATURE

DATE