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 and 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** _____