



SOUNDLOGY

SOUND BATH HEALTH DECLARATION

Sound Baths are not recommended during the first trimester of pregnancy or if you have a serious mental health condition or epilepsy.

Individual responses to Sound Baths can vary, and you'll have a unique experience every time. Some people experience emotional responses such as deep relaxation, laughter or tears.

Physical sensations can also occur as the sound vibrations are felt within the body. Vivid imagery, deep relaxation and feelings of bliss/peace are especially common.

If you feel particularly sensitive on the day of the Sound Bath, be that emotionally, physically or mentally, please have a chat with Amy when you arrive. And of course, if anything comes up for you during the session that you'd like to share, or if you have any questions, please chat to Amy or contact her after the session.

Please answer the questions below. If you answer 'Yes' to any of them, please provide details and speak to/contact Amy prior to the event/prior to booking: soundologywithamy@gmail.com or 07789 544675.

1. Are you under 16 years old? Yes No

2. Have you recently had any surgery or any medical procedure? Yes No

3. Do you have any serious medical condition or general special need? Yes No

4. Are you being treated for or do you currently have: clinical depression, bipolar disorder, schizophrenia, paranoid schizophrenia or any other serious mental health condition?
 Yes No

5. Are you less than 3 months pregnant? (sound baths are not recommended in first trimester)
 Yes. No

6. Do you have, or have you previously had epilepsy or any seizures which you believe are sound triggered? Yes No

7. Do you have any large metal implants, plates or other metallic items in the body? (not tooth fillings) Yes No

If you are unsure about whether a sound bath is suitable for you, it is your responsibility to consult your doctor before attending a sound bath and to seek medical consent where necessary.

It is also your responsibility to notify Amy of any medical condition, pregnancy, injury or ailment (recent or ongoing), prior to every sound bath session.

I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in this class, workshop, event, or activity with Soundology. I expressly waive and release any claim that I may have at any time for injury of any kind against Soundology.

Name.....

Signature.....Date.....