



## Clear Vibrations Waiver Agreement

I, the undersigned, confirm that I am of sound mind and in good physical and mental health, and voluntarily agree to the terms below in consideration for participating in a sound bath session provided by Sharon Lavant of **Clear Vibrations**.

I understand that this session involves a gentle, energy-based sound and vibrational practice aimed at stress reduction and relaxation. I acknowledge that it is not a substitute for licensed medical or mental health care. I accept full responsibility for any personal choices I make based on any guidance received during or after the session, including health-related or emotional advice.

I understand and agree that:

- **Clear Vibrations** and Sharon Lavant do not diagnose, prescribe, perform medical treatments, or interfere with care provided by licensed professionals.
- Any advice given is to be followed at my own discretion and free will. I assume all responsibility for outcomes resulting from such advice.
- I am solely responsible for seeking medical or psychological care as needed.

I release and hold harmless **Clear Vibrations** and Sharon Lavant from any and all liability, claims, losses, injuries (including personal, emotional, spiritual, or financial), damages (known or unknown), legal fees, or other consequences that may arise during, before, or after the session.

I acknowledge that:

- Participation is voluntary and entirely at my own risk.
- **Clear Vibrations** may update this agreement, and I am responsible for reviewing updates available on their website.

**Please answer the following questions:**

(Your information is confidential and will not be shared or used for any purpose other than this program's safety and planning)

**Are you Pregnant? \***

☐ Yes      ☐ No

**Do you have any of the following? Please check all that apply \***

☐ Metal Impants      ☐ Pacemaker      ☐ Hearing aid  
  
☐ None of the above

**Please describe any health issues or areas of your body where you are experiencing pain, discomfort, tightness, or aches**

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☐ By checking this box and by signing and submitting this waiver, I confirm that I have read and fully understand and agree with all the terms and conditions outlined in this Clear Vibrations Waiver Agreement for any current or future services.

Full Name (First last): \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Would you like a copy of this waiver agreement emailed to you?

☐ Yes      ☐ No.      Your Email address: \_\_\_\_\_

Clear Vibrations | [clearvibrations.org](http://clearvibrations.org) | [contact@clearvibrations.org](mailto:contact@clearvibrations.org) | (470) 488 7148