



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
Name/Phone of Emergency Contact: \_\_\_\_\_

Do you have any physical or psychological limitations that could be aggravated by exercise (i.e. back, neck, and shoulder or knee problems) and/or the holistic therapies, or suffer from tinnitus, sensitive to sound levels, vibrations or affected by pulsing lights? If so, please explain.

Are you allergic to dogs or cats? \_\_\_\_\_ If so please explain \_\_\_\_\_

It is your responsibility to inform the practitioner of your limitations before the sound journey begins. We are a pet friendly zen room meaning our cat and dogs enjoy the zen in our room. If you have pet allergies please let us know.

Important: We respect your personal space. If we touch you, it will be at the shoulders and above. If someone has relaxed into snoring, we lightly rub your shoulder so that others are not bothered by the sound. For the tuning forks binaural beats, we will touch your shoulder to let you know it is your turn to experience the vibrations.

I represent and warrant that I am in good physical and mental health and do not suffer from any medical condition which would limit my participation in the sessions offered by Robert and Marti Gough (Acoustical Awakening). I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the movement classes, programs, or workshops. I understand the risks, emotional and physical, associated with the activities offered by Acoustical Awakening and I agree to follow all instructions so that I may safely participate in classes, workshops, and/or other activities.

I and my family hereby WAIVE AND RELEASE Robert P. Gough and Marti Gough (Acoustical Awakening), its owners, officers, employees, practitioners and instructors from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs and/or services offered at the facility. In taking part in movement classes, workshops, and/or other activities with Acoustical Awakening, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, and/or other activities, including and not limited to death.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

I agree to participate mindfully and enjoy the many benefits of classes, services, and offerings with Acoustical Awakening.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

If participant is under 18:

As Parent or Legal Guardian of \_\_\_\_\_ I consent to the above terms and conditions.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Acoustical Awakening 1418 Chesterfield Dr. Anderson, IN 46012 765-999-1923

May we contact you about future events and offerings? YES \_\_\_\_ NO \_\_\_\_