



VWellness Services
Customer and Client Liability Waiver

Sound Therapy with Himalayan singing bowls uses sound and vibration to consciously support a person from their normal waking state of consciousness (beta) to a very relaxed state of consciousness (alpha, theta and delta). In this peaceful state, our own internal healing power and abilities can work more efficiently to allow for the person being treated to come back into vibrational alignment to improve general health and wellness.

As a Sound Therapy Practitioner, I am not a licensed health professional. With this said, I will not diagnose, prescribe substances, perform medical treatment, or interfere with the treatment of qualified physicians or other licensed medical professionals. The services that VWellness offers are considered complementary to traditional Western medical practices. The is a non-exhaustive list that comprises the contraindications for Sound Therapy with Himalayan Singing Bowls.

In exchange for participation in my Sound Therapy and any associated activities, organised by VWellness and Victoria Blackshaw, I hereby agree, as the customer, to the following:

1. I am aware of the risk of injury while participating in sound therapy and other body and energy practices that may form part of VWellness events and retreats (yoga, massage, movement). I knowingly and voluntarily enter into this waiver release of liability and hereby waive all rights, claims, or causes of action arising out of my participation in all activities with VWellness. I hereby release and forever discharge Victoria Blackshaw and VWellness, located at 1 Martins Mount, Barnet, Herts, EN5 5LQ, UK and their affiliates, members, staff, volunteers, agents, heirs, and representatives for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss that I may suffer as result of my participation in the aforementioned activities, including traveling to and from an event related to these activities.
2. I am voluntarily participating in the aforementioned activities and I am participating in the activities entirely at my own risk. I understand that these injuries or outcomes may arise from my own or others' negligence or the condition of the activity location(s). Nonetheless, I assume all related risks, both known and unknown to me, of my participation in these activities, including travel to, from, and during these activities.
3. I agree to indemnify and hold harmless Victoria Blackshaw and VWellness against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf. If Victoria Blackshaw and VWellness incur any of these types of expenses, I agree to reimburse Victoria Blackshaw and VWellness.
4. I acknowledge that Victoria Blackshaw and VWellness and their affiliates, members, staff, volunteers, agents, heirs and representatives are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Victoria Blackshaw and VWellness.
5. I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for serious injury, death, and property loss.

6. I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I agree to release and discharge Victoria Blackshaw and VWellness and all of its affiliates, members, staff, volunteers, agents, heirs, and representatives from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Victoria Blackshaw and VWellness for personal injury or property damage.
7. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Victoria Blackshaw and VWellness, its agents, and staff. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.
8. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.
9. In the event of an emergency, please contact the following person(s) in the order presented: Emergency Contact
Relationship
Telephone

I, the undersigned participant, affirm that I am of the age of 18 years or older. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's Address:

Signature:
relationship)

(If participant is a minor, parental signature is required and add

Date:

BY BUYING A TICKET TO A VWELLNESS EVENT OR IN BOOKING A PRIVATE SESSION YOU ARE INDICATING THAT YOU UNDERSTAND THE INFORMATION OUTLINED IN THIS DOCUMENT, AND ON THE WEBSITE, AND AGREE TO COMPLY

Date: February 2022