



CONSENT TO PARTICIPATE



Date	
Venue	
Session Description	

Thank you for attending this soundbath session. As a duty of care to you and as a best practice requirement please complete this form. The information you give will be stored securely by your therapist/facilitator. If you require any further information, please ask your facilitator.

Name	
Email address	
Home address	
Phone number	
Emergency contact name	
Emergency contact number	

To enable the facilitator to best support your needs please read the following and circle the appropriate response:

I am in the first trimester of pregnancy	YES	NO
I suffer from epilepsy / seizures	YES	NO
I have mental health challenges such as anxiety or depression	YES	NO
I have metal plates in my body	YES	NO
I am currently under the influence of recreational drugs and/or alcohol	YES	NO
I require lifesaving medication	YES	NO

If you have answered 'yes' to any of the above, please give more information in the box below:

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Please read the following and sign below.

I understand that whilst these sessions may help improve my health and wellbeing, that it is my responsibility to consult my GP or medical professional in advance of changing any medication or treatment I am currently having. I also understand that if I have any concerns about my current medical condition, I should consult my GP or relevant health professional. As I am assisting a student with their case study research, I understand that I may be contacted by a member of the BAST team and am happy to give feedback regarding my session. I give consent for the above personal contact details to be used (excluding emergency contact details) and also understand that my details will not be used for any other marketing purposes.

Sign:	Print Name:	Date:
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