

Stargate Sound Medicine

Participation Waiver and Consent Form

*Terms & Conditions:

By signing below you agree to the following:

Event Name: Stargate Sound Medicine Journeys/Floats/Cacao Ceremonies/Community Potlucks/workshops/ community collaborations, decompressions, Organization Name: Stargate Sound Medicine

1. Introduction

This Participation Waiver and Consent Form (the "Agreement") is a legal document that must be read carefully and signed by all participants, or their legal guardian if the participant is under the age of 18. By signing this Agreement, you acknowledge and agree to the terms and conditions set forth herein, including the assumption of risks, release of liability, and consent for image and video use.

2. Assumption of Risk

I, the undersigned participant (or parent/legal guardian thereof), understand and acknowledge that participation in the Stargate Sound Medicine events may involve certain inherent risks, dangers, and hazards, including but not limited to: Physical exertion and potential for injury (e.g., sprains, fractures, cuts, concussions). Exposure to natural elements (e.g., weather conditions, uneven terrain). Risks associated with equipment use or malfunction. Risks associated with the actions or inactions of other participants or third parties. Risks that may not be foreseeable.

I understand that these risks cannot be entirely eliminated, and I voluntarily choose to participate in this event, fully aware of these risks. I accept and assume all risks of injury, disability, death, or property damage that may arise from my participation in the event.

3. Medical Disclaimer

I understand that StarGate Sound Medicine does not provide medical insurance coverage for participants. I am responsible for my own medical expenses should I incur any injury or illness during the event. I affirm that I am in good health and physical condition and do not have any medical conditions that would prevent me from safely participating in the event. I agree to consult with a medical professional regarding any concerns about my ability to participate. In the event(s) of a medical emergency, I authorize StarGate Sound Medicine staff to seek medical treatment for me, and I agree to be responsible for all costs associated with such treatment.

Specific to Sound Journey meditations/events: If the event includes sound baths or similar vibrational therapies, I understand that these activities may not be suitable for individuals with certain medical conditions. I acknowledge that if I have a pacemaker, any metal implants, a history of seizures, or am pregnant, I should consult with my physician before participating in a sound bath. I assume all risks associated with my participation in sound baths, particularly if I have any of the aforementioned conditions.

4. Image and Video Release

I hereby grant to StarGate Sound Medicine, its representatives, and employees, the irrevocable and unrestricted right to use and publish photographs, videos, or other recordings of me (or my minor child) taken during the StarGate Sound Medicine Events for any lawful purpose, including but not limited to:

Promotional materials (brochures, flyers, advertisements).

Website content and social media.

News releases and public relations.

Educational or training materials.

I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears. I understand that I will not receive any compensation for the use of such images or videos. I release and discharge Stargate Sound Medicine from any and all claims and demands arising out of or in connection with the use of my image or likeness, including any claims for libel or invasion of privacy.

5. Release of Liability

In consideration of being permitted to participate in the StarGate Sound Medicine Events, I, for myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue StarGate Sound Medicine, its officers, directors, employees, agents, volunteers, and sponsors (collectively, the "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while participating in the event, or while in, on or upon the premises where the event is being conducted.

6. Indemnification

I agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including attorney's fees, that they may incur due to my participation in the StarGate Sound Medicine Events, whether caused by the negligence of the Releasees or otherwise.

7. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada, without regard to its conflict of laws principles.

8. Severability

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

9. Acknowledgement and Signature

I have read this Participation Waiver and Consent Form, understand its terms, and I sign it voluntarily. I am aware that by signing this document, I am waiving certain legal rights, including the right to sue.

First Name*

Last Name*

Email*

☐ I hereby give my consent according to the Terms & Conditions above.*

Signature*

Date*
