



Portal for the Professional Course

Name *

First Name

Last Name

Email *

Phone *

Address *

Address Line 1

Address Line 2

City



Powered by Formstack [Create your own form >](#)

State

ZIP Code

Country

What is your Time Zone *

What is the best time to call *

I understand a Portal Subscription is required for this course. *

I understand

What are the best dates for you to attend this course? *

Signature Agreement:

I acknowledge that the information supplied herein is true and to the best of my knowledge. I further acknowledge acceptance of the stated fee, schedule, and refund policy noted below.

Refund Policy

Refund issued to original payee with written request only. If received more than 60 days prior to the start of class, we will issue a full refund. If between 15-60 days prior a 50% refund. Within 14 days, NO refund. You may apply the entire amount paid to a future class if taken within one year of payment. If we cancel class, you will be entitled to a full refund unless you have received your class materials, in which case you can reschedule for any future class. Deposits are subject to the same policy.

US FUNDS ONLY!

Refunds are **NOT** possible after you have **received and registered** your Software and when you have **received** your Digital Class Materials. *NO Refunds on class equipment received.*

Sound Health Confidentiality and Class Agreement



Powered by Formstack Create your own form >

☐ I hereby acknowledge that I am engaging in the online class offered by Sound Health.

☐ I hereby understand that this technique is not a medical treatment and that it is not presented, either expressly or implied, as a medical treatment.

☐ I understand that these processes and equipment are experimental and not guaranteed by Sharry Edwards or Sound Health.

☐ I acknowledge that there are no guarantees that, as a result of this class, I will be able to perform the procedures of Signature Sound Techniques and Technologies© due, among other factors, to each individual's ability to grasp the materials presented and commitment to study.

☐ I acknowledge that the process of Signature Sound Assessment, and its principles and tenets, are protected by copyright, trademark, patent and intellectual property laws of The State of Ohio, The United States of America, and various international treaties, and are exclusive property of Sharry Edwards (licensed to Sound Health.)

☐ I understand that Sharry Edwards is not a licensed physician and is not holding herself out as a licensed physician nor as practicing medicine.

☐ I hereby agree that, if, upon completion of this course, or by the use of the equipment supplied by Sharry Edwards, I practice Signature Sound Assessment or any Signature Sound Techniques and Technology©, then I am acting independently and I am not acting as an agent or representative of Sharry Edwards or Sound Health.

☐ I hereby give to Sound Health, its legal representatives and assigns the unrestricted and irrevocable right and permission to use, re-use, publish, and re-publish photographs, video, sound reproductions, or pictures of me, or in which I may be included intact or in part, which were made as a result of this class, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproductions hereof in color or otherwise, made through any and all media now or hereafter known for illustration, are, promotion, advertising, trade, or any other purpose whatsoever.

☐ I understand that as an individual attending this course I will be authorized by agreement, which is renewed yearly, to use the materials and information provided by Sharry Edwards or Sound Health, solely for the purposes of applying the procedures of data gathering and research as described herein.

☐ The textbook and the accompanying materials which may be supplied, remain the exclusive property of Sharry Edwards or Sound Health, and must be returned to same upon termination of my provision of research data, or as requested in writing at the request of Sharry Edwards or Sound Health, and must be returned to same upon termination of my provision of research data, or as requested in writing at the request of Sharry Edwards or Sound Health.

☐ I specifically understand that I am paying for class instruction only, and that any materials or property given to me remain the property of Sharry Edwards or Sound Health.

☐ I specifically agree that I will use only equipment and facilities approved by Sharry Edwards or Sound Health, unless I have written consent from Sharry Edwards or from Sound Health to do otherwise.

☐ I further agree that any advertising or announcements publicly or privately placed, in any media and



such advertising, announcement, or publication of any type, shall be supplied to Sharry Edwards or Sound Health at least 30 days prior to public use. In no event shall Sharry Edwards or Sound Health be liable for content of any such publication whether supplied to Sharry Edwards or Sound Health or not. Sharry Edwards or Sound Health reserves all rights.

___ I understand that unless specific written consent is obtained from Sharry Edwards or Sound Health, only persons registered for this course are authorized to view all or any part of the online presentation, or to access, use, or process any information from the course, and that any rights obtained by registering for or by taking this course are not assignable by me to any person or entity.

___ I understand that I am not allowed to record or copy this online course in any manner without express written consent of Sharry Edwards or Sound Health.

___ I further understand that by taking this course, I am not entitled to teach this technique or technology unless or until I have completed an Instructor Training course with Sound Health.

___ I acknowledge that should I teach any information obtained from this course, such teaching would be a breach of this agreement and would be in violation of various contract laws, copyright laws, patent laws, intellectual property rights laws, and various other laws of The State of Ohio and The United States of America, and that legal action could, and likely would, be taken against me as a result.

___ I hereby waive all rights to any cause of action against Sharry Edwards or Sound Health, arising as a result of my taking this class, the information I receive herein, the techniques taught herein, or the equipment supplied by Sharry Edwards or Sound Health.

___ I agree to hold Sharry Edwards and Sound Health's techniques, material or property and agree that they shall not be held liable for any of my actions or the actions of my agents.

___ If for any reason during the class I am unable to maintain my Internet or telephone connections in a manner suitable to receive the class, I may be allowed to take the class at a later time.

___ I understand that I will not be given a refund due to connection problems at my computer.

___ I proclaim that I am not, or will not be, a person, or an agent of any person or corporation, who wishes to stop the legal disseminations of complementary or alternative wellness practices.

___ I agree that neither I, nor any agent representing me, will make any attempt to duplicate or modify any of the equipment used in this course without the express written approval of Sharry Edwards or her representative.

___ I acknowledge I must share my experiences, in the form of Case Studies in the amount of, but not limited to one (1) per month, using Signature Sound Techniques & Technologies for research purposes to Sound Health and Sharry Edwards in a timely, organized and credible manner.

___ If I perform Signature Sound Assessments© on any person after completing this course, I agree to hold Sharry Edwards and Sound Health harmless, and release them from any and all liability associated with my practice of this experimental technique. If Sharry Edwards or Sound Health would be involved in any litigation associated with my actions, I hereby agree to hold them harmless, to be responsible for any losses associated with said litigation and to pay all costs of litigation including reasonable attorney fees



☐ I am participating in this class for the express intent for which it is being provided, and acknowledge express prohibitions and restrictions stated in the text and computer program copyright proclamations.

☐ I agree to abide by the Code of Ethics, in accordance with Sound Health's Institutional Review Board (IRB) policies and procedures, and in accordance with BioAcoustics as set forth and created by the BioAcoustics Ethics Committee. The laws of The State of Ohio and of The United States of America will govern this agreement. The parties hereto specifically consent to personal jurisdiction in The State of Ohio.

☐ I hereby acknowledge that I am signing this agreement voluntarily and of my own free will and that I understand it fully.

Signature *

Use your mouse or finger to draw your signature above

[\[clear\]](#)

Submit Form

