

## ACCIDENT WAIVER & LIABILITY FORM

I, \_\_\_\_\_, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH Sacred Plant Medicine Ceremony, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, partaking in Psilocybin, HAPÉ, Sananga because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional.

I certify that there are no health-related reasons or problems, which preclude my participation in this activity. I acknowledge that the event holders, homeowners, sponsors, and organizers of the activity in which I may participate will use this Accident Waiver and Release of Liability Form, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, contraction of an illness, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSON: VANESSA CRITES and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, and sponsors;

(B) INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participations in this activity, whether caused by the negligence or release or otherwise. I acknowledge that they are NOT responsible for the errors, omissions, acts or failure to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that these experiences may be emotionally, physically, spiritually, and psychologically intense, both during and after the Journeys, Ceremony and Integration Experiences.

I acknowledge the experience I am entering is not therapy or counseling and does not treat illness or pathology. Participants understand that the Facilitator is not a licensed psychologist, psychiatrist, social worker or other medical or mental health professional. The Participant is wholly responsible for their own physical, emotional, spiritual, and mental health.

I acknowledge that there may be aspects of these experiences which I experience as triggering or activating. I understand that the Integration periods are always optional, and while they are designed to anchor and stabilize the Microdosing Journey and Macro Ceremony experiences in the body and system, repressed memories, emotions, and trauma imprints may arise. The process of releasing and integrating any dormant conditioning and experiences may extend beyond the time frame I am working with the Facilitator. I consent to have such an experience and I take full responsibility for my own self-care before, during, and after my experience.

I acknowledge that macrodose activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, partaking in Psilocybin, HAPÉ, Sananga and actions of other people including but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for the Facilitator and volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

(C) CONFIDENTIALITY: Facilitator will maintain confidentiality to the extent permitted by law, unless the information is relevant to any legal action brought by the Participant or Facilitator concerning this engagement.

(D) CLIENT REPRESENTATION: I represent that I am at least twenty-one (21) years of age as of the date of this agreement.

(E) REFUNDS: I acknowledge that no refunds will be offered following participation. If a cancellation is required prior to the selected date, Participant has the option of postponing for another date, or receiving a refund of 50% of their donation.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN OF MY OWN FREE WILL.

**Participants Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**I agree to Respect the Private & Sacred Nature of this Ceremony by not discussing this ceremony with anyone except those who I am partaking in this Sacred Ceremony with for the duration of this retreat and beyond. I understand that discussing the Sacred Nature of this Ceremony with those who may not understand could endanger either my experience or another guest's experience. I Fully Respect the Sacred Nature and Privacy of the event.**

**Participants Printed Name:** \_\_\_\_\_

**Participants Signature:** \_\_\_\_\_