

Tribal Wellness, LLC

Contraindication and substance guideline understanding and agreement

Things that should be avoided before Kambo. Please read carefully. Mixing Kambo with any of the following could be extremely dangerous.

- Immune suppressants for autoimmune disorders.
- Slimming or sleeping supplements (including melatonin)
- Alcohol or drugs 24 hours before and after
- Do not fast longer than 18 hours 7 days before or after Kambo. This includes juice fast. Clients should have a normal eating pattern leading up to Kambo
- Sweat lodges, Colonics, enemas, liver flushes or any water based detox should be avoided within 3 days either side of taking Kambo

By checking the "I Agree" box you are agreeing that you have read the above regarding what should be avoided before Kambo and that you understand the dangers involved should you choose to neglect the above.

☐ I Agree

Kambo does not generally have unintended adverse effects when administered by a properly trained practitioner and when clients have disclosed any underlying health conditions. You should absolutely not participate in a Kambo treatment if any of the following apply:

- Have serious heart problems.
- Are on a no-salt diet (ayahuasca diet)
- Have Ehlers Danlos
- Have Marfan syndrome
- Are on medication for low blood pressure.
- Have had a stroke.
- Have had a brain hemorrhage.
- Have an aneurism or blood clots.
- Lack the mental capacity to make the decision to take Kambo.
- Have serious mental health problems excluding depression, PTSD and anxiety.
- Are undergoing chemotherapy, radiotherapy or immunotherapy for 6 weeks afterwards.
- Take immune-suppressants for organ transplant.
- Have Addison's Disease
- Have current and severe Epilepsy
- Are recovering from a major surgical procedure
- Are under 18 years old
- Have undergone a Bufo ceremony in the past 6 weeks
- Are pregnant or maybe so or are breast-feeding
- Taking a daily diuretic. If you are on a medication that is also a diuretic but is not required to be taken daily, check with your practitioner to see if Kambo is safe for you.

- Person has consumed other strong medicines (eg. San Pedro, Ayahauaca, Mushrooms) within 24 hours of wanting to receive Kambo
- Person has reached their 70th birthday
- The person has consumed large amounts of water prior to arriving for Kambo
- Person has been fasting longer than 18 hours.
- Person has received the Covid Vaccine in the last 4 weeks

By checking the "I Agree" box you are agreeing that you have read the above regarding contraindications of Kambo and that you understand the dangers involved should you choose to neglect the above.

- ☐ I Agree

Substance Guideline List

Please review the below list of substances that should be abstained from before and after taking Kambo. By checking the "I Agree" box to each substance you are Confirming that you understand the time period to abstain from that particular substance both pre and post Kambo and that you understand the dangers involved should you choose to neglect the information provided to you regarding the substance guideline.

SUBSTANCE

MINIMUM ABSTINENCE PERIOD PRIOR TO KAMBO / POST KAMBO

Alcohol High Doses 48 HOURS / 7 DAYS

- ☐ I Agree

Alcohol Low Doses 12 HOURS / 24 HOURS

- ☐ I Agree

Amphetamines Including Adderall and Ritalin 7 DAYS / 7 DAYS

- ☐ I Agree

Anti-Depressants and Anxiety Medication including Duloxetine/Cymbalta

Do not take morning of / 2 hours

- ☐ I Agree

Anti-Convulsants - must discuss with facilitator if on an anti-convulsant medication

- ☐ I Agree

Anti-Epileptics CONTRAINDICATED

- ☐ I Agree

Anti-Psychotics CONTRAINDICATED

- ☐ I Agree

Ayahuasca & Analogues e.g. contingent that client is not on a no-salt diet.
24 hours / 24 hours

- ☐ I Agree

Benzodiazepines e.g. Valium, Diazepam 18 hours / 8 hours

- ☐ I Agree

Beta Blockers Do not take morning of treatment / 8 Hours

- ☐ I Agree

Blood Thinners Do not take morning of treatment / 8 Hours

- ☐ I Agree

Botox 7 days / 7 days

- ☐ I Agree

Bufo, 5-meo dmt 6 weeks / 24 hours

- ☐ I Agree

Cannabis 12hrs / 24hrs

- ☐ I Agree

Cocaine 3 days / 5 days

- ☐ I Agree

Codeine 24 Hours / 24 Hours

- ☐ I Agree

Crack Cocaine 7 days / 7 days

- ☐ I Agree

Ecstasy (MDMA) Molly or any other MD** 7 Days/ & Days

- ☐ I Agree

Fentanyl CONTRAINDICATED

- ☐ I Agree

GHB 7 Days / 7 Days

- ☐ I Agree

Heroin (recreational) 14 Days / 14 Days

- ☐ I Agree

Heroin Substitutes - Methadone, Buprenorphine, Naltrexone CONTRAINDICATED

- ☐ I Agree

High Blood Pressure Medication Do not take morning of treatment / 8 Hours

- ☐ I Agree

Iboga 90 days / 24 Hours

- ☐ I Agree

Ibogaine 10 days / 24 Hours

- ☐ I Agree

Ketamine 3 Days / 3 Days

- ☐ I Agree

LSD 48 Hours / 72 Hours

- ☐ I Agree

Meth Amphetamine 30 Days / 30 Days

- ☐ I Agree

Morphine/ Oxycodone 5 Days / 5 Days

- ☐ I Agree

N, N-DMT 8 Hours / 8 Hours

- ☐ I Agree

Peyote San Pedro (Mescaline) 24 hours / 24 hours

- ☐ I Agree

Psilocybin 24 hours / 24 hours

- ☐ I Agree

Tramadol 48 Hours / 24 Hours

- ☐ I Agree

Vasoconstrictors (Triptans) 3 Days / 12 Hours

- ☐ I Agree

Covid Vaccine or booster 30 days / 7 days

- ☐ I Agree

Tribal Detox & Tribal Wellness, LLC

"Kambo Session" Release of Liability and Assumption of Risk Agreement

Disclaimer:

Kambo is the sweat from the Bicolor Phyllomedusa frog. Traditionally, Kambo is and has been used by Indigenous peoples of the upper Amazon to lift Panema (dark or negative energy) and for

Hunting Magic. Your organizer and practitioner are not licensed in the medical field and do not diagnose or prescribe any medications for any conditions, nor do they diagnose, treat or cure any medical conditions. Kambo treatment should not be used as a substitute for medical care and advice from your physician. Please contact a qualified, licensed physician for any illness or disease.

In consideration for being allowed to participate in the Kambo treatment I agree to the following:

1. **AGREEMENT TO FOLLOW DIRECTIONS.** I agree to follow any oral instructions or directions given by the Tribal Detox representative practitioners.
2. **ASSUMPTION OF THE RISKS AND RELEASE. IN THE EVENT THAT YOU ARE EXPERIENCING ACUTE ADVERSE EFFECTS RELATED TO YOUR USE OF KAMBO, CALL 911.** I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Tribal Detox, and Tribal Wellness, LLC for injury, loss or damage arising out of my or my family's use of or participation in any services provided by Tribal Detox, or Tribal Wellness, LLC, whether caused by the fault of myself, my family, or Tribal Detox or Tribal Wellness, LLC. Furthermore, I understand that the known possible side effects to participating in a Kambo session may include, but are not limited to, the following:
 - a) Increased heart rate
 - b) Flushing of the skin
 - c) Slight pressure in the head
 - d) Numbness, tingling in various parts of the body
 - e) Flu like symptoms to include nausea, chills, abdominal cramping
 - f) Tetany
3. **FEES.** I agree to pay for all damages to any facility in which I partake of Tribal Detox services, caused by any negligent, reckless, or willful actions by me or any minor in my charge.
4. **APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved under Missouri Law.
5. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Tribal Detox and Tribal Wellness, LLC has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.
6. **ARM'S LENGTH AGREEMENT.** This agreement and each of its terms are the products of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party

based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

7. **ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.
8. **DISPUTE RESOLUTION.** The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be resolved by binding arbitration under the rules of the American Arbitration Association. The arbitrator's award will be final, and any judgment may be entered upon it by any court having proper jurisdiction.

9. **INDEMNIFICATION.** I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY** (reimburse for any loss including any reasonable legal fees that may incur, **AND HOLD HARMLESS THE ORGANIZER AND KAMBO PRACTITIONER**, their officers, officials, agents and/or employees, other participants, and, if applicable, owners and leasers of premises used for the Kambo treatment ceremony ("**RELEASED PARTIES**"), with respect to any and all injury, disability, death, or loss or damage to person or property, **WHETHER ARISING FROM NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the full extent permitted by law. I **KNOWINGLY AND FREELY ASSUME ALL RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES** or others, and assume full responsibility for my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Participant's Name:

Phone:

Date of Birth:

Signature

Email Address:

- ☐ Check to receive information on dates/ locations and cost of Tribal Detox and Tribal Wellness, LLC Events.

Emergency Contact:

Phone: