

Thank you for choosing Synergy Healing Ceremonies.

It is both an honour and privilege to work with you on your healing journey. We look forward to serving you in the very near future.

By filling out the form below, I affirm that:

**I, \_\_\_\_\_, seek to participate in a Medicinal Healing Ceremony led by Sarah Beuk of Synergy Healing Ceremonies.** It is understood that Sarah Beuk will ensure the safety of all participants. I further understand that in order to assist in this regard, I agree to complete this legal waiver and the medical information sheet with honesty and integrity, knowing that any misinformation I provide could be to my own detriment. I am assured that the information obtained herein is used to determine if it is appropriate for the undersigned to participate in the Medicinal Healing Ceremony. I further understand all information contained herein will remain strictly confidential.

The information provided in the Client forms is a complete and accurate statement of the physical and psychological factors, which may affect my participation in the Medicinal Healing Ceremony. I realize that failure to disclose such information now, and failure to provide any update of health changes in the future, could result in serious harm to me and fellow participants and I agree to indemnify and hold no blame against the facilitators of Synergy Healing if all the information provided or in my health status during this Ceremony and before and during any subsequent Ceremonies. This release says that I know that participating in a Medicinal Healing Ceremony may involve discomfort and unexpected physical, mental or emotional upset. By signing this release agreement, I am waiving all rights to seek or receive compensation in case of injury, loss or damage.

1. I understand that, although my participation in a Medicinal Healing Ceremony is purely voluntary, I agree to remain to the closing of any Medicinal Healing Ceremony in which I choose to begin.
2. During the Kambo Ceremony, I understand that I will be receiving a vaccination of frog secretion from the Giant Green Monkey Tree Frog, its scientific name is Phyllomedusa Bicolor.
  - a. I have been informed of its effects, as well as, the objectives taking it within the ritual led by a trained, certified and experienced Kambo Practitioner. I have been attracted to the Ceremony as a result of research, personal reports and information as well as the potential for a profound spiritual experience with proven physical health benefits.
3. I understand that the facilitators will make no claim or promise regarding the curing of any illness or the nature of any spiritual experience. I understand that the Ceremony is personal and sacred to each individual and that what may occur for one person, may not necessarily lead to the same experience in others.
5. I understand that the Ceremony in which I choose to participate may be physically, mentally, emotionally, or spiritually demanding. I understand that I may experience dizziness, nausea, or other physical upsets including vomiting and diarrhea. I accept full responsibility for anything that may occur including emotional disturbance, mental disorientation and any and all possible manifestations of physical, emotional or mental changes.
6. I acknowledge that the risks and potential benefits of my participation have been explained to me and I freely choose to enter this process and accept full responsibility for whatever may occur, anticipated or unanticipated.
7. I understand that I may be physically or mentally exhausted and/or disoriented after a Ceremony. I acknowledge that it is my responsibility to arrange alternate transportation, if needed, at the conclusion of the Kambo Ceremony.

I hereby acknowledge and voluntarily assume the full risks of any physical or other injury, damage or losses, either to myself or cause to others by me during any Ceremony organized and held by Sarah Beuk at any location. I hereby waive the liability of and agree to hold no blame against the facilitators, including all of its founders, members, associates, employees, agents, staff, family, successors, volunteers, other participants, as well as any and all property owners where the Ceremony may occur. I further agree to defend and indemnify them from any claims, suits or demands. I understand that this agreement is binding upon me, my spouse, parents, family, heirs, executives, administrators, agents and assigns.

I agree that each and every provision of this agreement is independent of any other provision and may be enforced even if the other provisions are not enforceable.

**I HAVE READ AND UNDERSTAND THIS WAIVER, HAVE HAD TIME TO REFLECT UPON IT, AND SIGN THIS WAIVER VOLUNTARILY.**

Participants full name

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**This document is signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
in the city of \_\_\_\_\_ in the state/province  
\_\_\_\_\_ in the country of \_\_\_\_\_**

*This document is a contract between parties that is binding in International Law and should there be any legal discrepancies or legal infraction this contract must go through arbitration under Canadian Law.*