

AyaWaken Church Ayahuasca Ceremony Waiver, Release of Liability, and Questionnaire

Participant Information:

- **Full Name:**
- **Date of Birth:**
- **Address:**
- **Phone Number:**
- **Email:**

Emergency Contact:

- **Name:**
 - **Relationship:**
 - **Phone Number:**
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Questionnaire

Please answer the following questions to the best of your ability. This information is crucial for ensuring your safety and the safety of others during the ceremony.

Health and Medical History:

1. **Do you have any current medical conditions?**
 - Yes / No
 - If yes, please specify:
2. **Are you currently taking any medications?**
 - Yes / No
 - If yes, please list them:
3. **Do you have any allergies (including food, medication, or environmental)?**
 - Yes / No
 - If yes, please list them:
4. **Do you have a history of heart disease, high blood pressure, or any other cardiovascular issues?**
 - Yes / No
 - If yes, please specify:
5. **Do you have a history of mental health conditions (e.g., depression, anxiety, psychosis, bipolar disorder)?**
 - Yes / No
 - If yes, please specify:
6. **Have you had any surgeries in the past year?**
 - Yes / No
 - If yes, please specify:
7. **Are you currently pregnant or breastfeeding?**
 - Yes / No
8. **Do you have any dietary restrictions?**
 - Yes / No
 - If yes, please specify:

Psychological and Emotional Considerations:

1. **Have you participated in an ayahuasca ceremony before?**
 - Yes / No
2. **Are you currently experiencing any significant life changes or stressors?**
 - Yes / No
 - If yes, please specify:

3. **Do you have a history of trauma or PTSD?**
 - Yes / No
4. **What is your intention for participating in this ayahuasca ceremony?**

Personal and Spiritual Practices:

1. **Do you practice any form of meditation, yoga, or other spiritual practices?**
 - Yes / No
 - If yes, please specify:
 2. **Do you have any previous experience with plant medicines or other entheogens?**
 - Yes / No
 - If yes, please specify:
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Acknowledgment of Risks and Informed Consent

I, the undersigned, acknowledge that I am voluntarily participating in an ayahuasca ceremony. I understand that ayahuasca is a powerful entheogenic brew that can induce intense physical, emotional, and psychological experiences. By signing this waiver, I agree to the following:

1. **Health and Medical Considerations:**
 - I have disclosed all relevant health and medical conditions to the facilitators.
 - I understand that ayahuasca can interact with certain medications and health conditions. I affirm that I am not currently taking any medications or have any health conditions that would contraindicate the use of ayahuasca.
 - I have consulted with a medical professional regarding my participation in this ceremony if necessary.
 2. **Psychological Considerations:**
 - I understand that ayahuasca can bring up deep emotional and psychological issues. I am prepared to face these experiences with an open mind and heart.
 - I affirm that I am not currently experiencing severe mental health issues such as psychosis, bipolar disorder, or suicidal ideation.
 3. **Personal Responsibility:**
 - I acknowledge that I am responsible for my well-being during and after the ceremony.
 - I agree to follow all guidelines and instructions provided by the facilitators to ensure my safety and the safety of others.
 4. **Potential Risks:**
 - I understand that the use of ayahuasca can result in physical effects such as nausea, vomiting, diarrhea, changes in heart rate, and other physical discomforts.
 - I understand that ayahuasca can induce intense psychological experiences, including but not limited to visions, altered states of consciousness, and emotional upheaval.
 5. **Release of Liability:**
 - I release the facilitators, organizers, and any associated parties from any liability arising from my participation in the ayahuasca ceremony.
 - I understand that I am participating in this ceremony at my own risk and take full responsibility for any consequences that may arise.
 6. **Confidentiality:**
 - I agree to respect the privacy and confidentiality of other participants.
 - I will not disclose any personal information or experiences shared by others during the ceremony.
 7. **Cancellation Policy:**
 - I acknowledge that the organizers have a cancellation policy in place and I have reviewed and understand the terms.
 8. **Phone Interview:**
 - I understand once I've completed the waiver/questionnaire, I must schedule a phone interview to complete my booking for ceremony.
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Signature:

By signing below, I acknowledge that I have read, understood, and agreed to the terms outlined in this waiver and questionnaire. I am fully aware of the risks involved and voluntarily choose to participate in the ayahuasca ceremony.

- **Participant Signature:** x_____
- **Date:**