

Organizers and specialist : Activity Waiver & Release

NOTE: You will be required to sign a copy of the following Waiver upon arrival at the retreat. Please review in full below. Accepting the Terms & Conditions during registration indicates you have read and accepted the below.

THIS ACTIVITY WAIVER & RELEASE (this "Agreement") dated: _____
(MM/DD/YY) BETWEEN: _____

(the "Participant") **AND Organizers and specialist** (the "Organizer")

IN CONSIDERATION OF the covenants and agreements contained in this Agreement and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties to this Agreement agree as follows: **Consideration**

1. Being of lawful age and in consideration of being permitted to participate in the activity described below, having personally reviewed the benefits and potential challenges of ayahuasca use, the Participant releases and forever discharges the Organizer and the Organizer's spouse, heirs, executors, administrators, legal representatives and assigns from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Organizer.
2. The Participant understands that the Participant would not be permitted to participate in the activity described below unless the Participant signed this Agreement.

Details of Activity

The Participant will participate in the following activity: Participation in a retreat with **Organizers and specialists**. Participation may include all activities, food, and accommodations as part of the retreat experience while with the Organizers and specialists at the provided place, including but not limited to:

- Partaking in ayahuasca or other plant medicine ceremonies
- Yoga classes, breathwork and meditation sessions

- Workshops, classes and guest lectures
- Leisure time / Gym use and time in nature
- All meals and snacks
- Accommodations in single or double arrangements, as chosen by guest.

Participation in Preparation/Integration Program with Preparation/Integration Support Team. Participating in this program includes all resources, online communities, and services offered, including (as needed) but not limited to:

- Medical intake call
- Preparation call
- Integration call
- Online community and resources
- Any additional 1-on-1 services coordinated between the guest and the preparation/integration support team.

Code of Conduct

The Participant agrees to the following rules and stipulations during their stay with Organizers and specialist:

The Golden Rule of “Respect”

1. Respect the medicine and the traditions we work with
2. Respect and follow indications and guidelines given by **Organizers and specialist**
3. Respect the healing process of yourself and others in the group
4. Respect the personal boundaries of others in the group
5. Respect that everyone is undergoing their own experience, and deserves to have their own space, peace and quiet

**** Please do not vocalize your experience or touch other people during ceremony ****

6. Respect all guests and staff **** We have a zero tolerance policy against sexual harassment ****

7. Respect that engaging in sexual activity including with the self as well as married couples is prohibited

Please note that disregarding any of these will result in being given a warning or being asked to leave at the discretion of a member of the facilitation team without reimbursement.

The Intolerable Offenses

1. Sexual harassment toward guests or staff, including verbal/non-verbal insinuation as well as direct physical contact
2. Behavior that puts your own or others' safety at risk including carrying travel tools such as pocket/utility knives
3. Repetitive disruptive behavior inside or outside ceremony that creates discomfort for other guests, or significantly interferes with the healing process of other guests
4. Leaving ceremony before it is over whether partaking of the brew or not
5. Bringing any form of recording equipment including a mobile phone to the ceremony.
6. We have zero tolerance to the use of any substances, recreational or otherwise without the explicit consent of the Director of Retreats and/or lead facilitator, inclusive of painkillers, anti diarrhea or any other medication plant or pharmaceutical.
7. Leaving the space provided by the Organizers and specialists or the grounds without prior arrangement (note: prior arrangement does include writing name on white board when going to beach during appropriate hours, as discussed during orientation) or explicit consent from the **Organizers and specialist** and/or lead facilitator.

The Participant agrees that by participating in any one of these intolerable offenses, they can be sent away without question and without refund at the sole discretion of **Organizers and specialist staff**. The Participant would be responsible for any additional travel fees.

INITIALS REQUIRED - Fitness to Participate

1. The Participant acknowledges that the Participant has fully disclosed all known physical limitations, medical ailments, and physical or mental disabilities. If required, the Participant has/will obtain a medical examination and clearance prior to arrival. **Initials:** _____

2. The Participant agrees not to partake in any other psychoactive substances during their stay, with the exception of tobacco, including but not limited to: prescription medications, recreational drugs, or other plant medicines/psychedelics (unless given explicit consent by the medical intake team and, Director of Retreats, organizers and specialists or lead facilitator). **Initials:** _____

3. The Participant acknowledges that:

- They are not taking or have not taken any SSRI containing medication for the past two weeks. **Initials:** _____
- They do not have any preexisting heart ailments; and any respiratory ailments (eg. asthma) have been cleared by **Organizers and specialist** **Initials:** _____
- They are without any preexisting mental health conditions such as Bipolar Disorder, Schizophrenia, or Psychosis **Initials:** _____
- They are of the understanding that consumption of ayahuasca has in the past resulted in injury or death **Initials:** _____
- They are of the understanding that there are inherent risks of being in a wilderness environment that may cause injury or death **Initials:** _____
- They are accepting of all risk for the consumption of ayahuasca or other natural medicines offered at **Organizers and specialist** **Initials:** _____
- They may feel worse (mentally, physically, emotionally) during or after as part of their process working with ayahuasca **Initials:** _____
- **Organizers and specialist** cannot accept responsibility for theft or damage to belongings **Initials:** _____
- In the unlikely event of a psychotic episode or adverse reaction to ayahuasca medicine, **Organizers and specialist** reserves the right to offer care and emergency protocol as is deemed fit by the facilitation team and with the support of the next of kin or the emergency contact, including but not limited to the use of antipsychotic medication, the ability to retain the guest onsite for monitoring beyond the end of their retreat, and liaising with local emergency medical and hospital facilities. **Initials:** _____
- Participation in the ceremonies is entirely voluntary and you are free to opt out, if you wish, before the start of the ceremony. However, you must follow the instructions of

the facilitators and healers **Organizers and specialists** at all times so that your safety is not jeopardized. **Initials:** _____

- The Organizer reserves the right to expel any guest without prior notice, responsibility for a refund, or providing accommodation outside of Organizers and specialist provided space. Should a Participant decide to leave a workshop prematurely, for whatever reason, the Organizer is not responsible for the reimbursement of monies or for denouncements by the attendee. **Initials:** _____
- If they have provided incorrect information or obscured details, that they may be endangering themselves and others and can be expelled from the retreat without question and without refund at the sole discretion of **Organizers and specialists** and provided staff. **Initials:** _____
- The Organizer is not responsible for the decision of any guest to stop taking medication or for changing their medication schedule, and accepts no liability for any adverse effects from doing so. The Participant acknowledges that Organizers and specialists have advised the Participant to seek medical advice and/or supervision from their prescribing doctor before reducing, ceasing, or changing any medication. **Initials:** _____

Full and Final Settlement

1. The Participant hereby acknowledges and agrees that the Participant has carefully read this Agreement, that the Participant fully understands the same, and that the Participant is freely and voluntarily executing the same.
2. The Participant understands that by signing this Agreement, the Participant agrees to be forever prevented from suing or otherwise claiming against the Organizer for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity.
3. The Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Agreement.
4. This Agreement contains the entire agreement between the parties to this Agreement and the terms of this Agreement are contractual and not a mere recital.

Governing Law

This Agreement will be construed in accordance with and governed by the laws of the Province of Tehran, Iran.

IN AGREEMENT the Participant has affixed their signature underhand prior to the start of their participation at **Organizers and specialist:**

Print Participant Name

Participant Sign

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We look forward to supporting you.

Love,

Organizers and specialist