

INFORMED CONSENT

FOR PARTICIPANTS IN AYAHUASCA CEREMONIES

The purpose of this document is to provide participants with a clear understanding of the nature of Ayahuasca and of their role in the ceremony.

Relevant information

The Ayahuasca ceremony will be run by LUKASZ STASZAK and his team. The work that is carried out in the ceremony will focus on personal growth and therapeutic self-work by the participants through the ingestion of Ayahuasca.

Ayahuasca is an Amazonian decoction of the vine *Banisteriopsis Caapi*, which contains betacarbolines, and either the leaves of the shrub *Psychotria Viridis* (Chacruna) or the bark of the *Mimosa Hostilis*. The combination of the plants is responsible for the psychoactive effects of Ayahuasca. In traditional preparations, plants of various other species are often added to the brew, including tobacco, varieties of *Brugmansia*, *Brunfelsia*, and many others. For centuries, the indigenous communities of the Amazon basin have been using Ayahuasca in their ceremonies to safeguard the health of both the drinker and the community.

Today, Ayahuasca is used in many places throughout the world for therapeutic and religio-spiritual purposes and for personal growth. The religious use of Ayahuasca is legally protected in most South American countries and more and more countries around the world are following suit. According to the UN's 2012 International Narcotics Control Board (INCB) Report, Ayahuasca is not under international control, despite containing the controlled alkaloid DMT, which is primarily responsible for its effects. The presence of DMT in Ayahuasca makes its legality interpretable by the authorities in different ways. In South Africa, DMT as a singular substance is an illegal substance, however DMT is found naturally in many plants, as well as the human body, and it is not illegal to possess those plants. Thus, there is currently no legal status on the use of Ayahuasca in South Africa.

Working with Ayahuasca should not be seen as a replacement for medical, psychiatric or psychotherapeutic treatment, but can complement a therapeutic process and facilitate personal development. If you are currently receiving treatment of any kind and are not sure about whether to participate in a ceremony, check with your doctor or therapist first.

The psychoactive effects produced by Ayahuasca may include temporary changes in your perception of reality and way of thinking, visions (of abstract motifs or clearly identifiable images and scenarios), heightened emotions, access to detailed memories that you'd thought forgotten, paranormal phenomena, the emergence of fears or difficult emotions (some of which may be associated with blockages in the body and be

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causing pain and tension), introspection and perinatal or transpersonal experiences (in which you may experience your own death and rebirth).

At the physical level, you may experience temporary nausea, vomiting, chills, tingling, ringing in the ears, dizziness, diarrhoea, tremors, sweating, impaired coordination, and, in rare cases, fainting. Sometimes, especially if you have not drunk Ayahuasca before, you may not notice any visionary effects. If that happens, it does not mean that Ayahuasca is not having an effect on other levels. The experience is more intense with eyes closed, and the best thing you can do in difficult times is to breathe slowly and deeply, go with the music and have confidence in the process that the Ayahuasca is taking you through, and in the person holding the ceremony.

The Ayahuasca experience is not linear, but rather it passes through different phases, some more pleasant, even euphoric, and others more difficult. You may temporarily experience symptoms such as suspicion, paranoia or 'delusions of reference' (e.g. believing the whole world is watching you or that something is happening because of or for you). It is quite normal to have several waves of these feelings during the experience, and they tend to pass quickly. They are feelings that we all have at some time or other in our lives, and although they may be uncomfortable, exposing ourselves to them in this way helps us to deal with them. Remember, support is right there if you need it, just call out.

If you agree to participate in this ceremony, you will be required to complete a medical questionnaire. You must agree to answer all questions honestly and to disclose any relevant personal information about your health. If you have any questions about the ceremony, feel free to approach the facilitator or any member of the team.

Your participation in the ceremony is entirely voluntary and you are free to opt out if you wish before the start of the ceremony. However, you must endeavour at all times to follow the instructions of the team and facilitator so that your safety is not jeopardised. The facilitator's discretion may be used at any time to exclude you from participation in the ceremony for any perceived impairment in your physical or psychological health that risks leading to problems for you during the ceremony, or if for any other reason you do not meet the requirements for participation.

The person administering Ayahuasca knows the ingredients and the strength of the brew and will adjust the dose for each participant on the basis of their age, gender, experience, sensitivity, health status and needs. The facilitator and his team are committed to protecting your physical and emotional security, integrity and privacy throughout the process, and intend to provide you with the psychological and physical support you need during the preparation phase, the ceremony itself and the period afterwards.

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Declaration and indemnity

1. I, the undersigned, agree to participate in the Ayahuasca ceremony taking place on _____. I have read and understand the contents of the Preparation Form, the Medical Form and this Consent Form and I accept the conditions of participating in Ayahuasca ceremonies held by LUKASZ STASZAK and his team.
2. I declare that I am choosing to participate of my own free will. I have not been coerced into participating in ceremonies by the facilitators or by any other persons; the decision to participate is mine alone and is based on my own personal research of Ayahuasca including assessment of the effects, the exclusion criteria, the potential risks and benefits, the focus of the ceremonies and the people running the ceremony.
3. I am aware that I am required to complete the forms provided and answer all questions honestly during the screening process and I agree to provide all the relevant information about my medical history, my mental and physical health and any other information that may serve to protect my health during this process.
4. I understand that the information I provide to the facilitators of this ceremony is strictly confidential and shall not be used by the facilitators for any other purpose outside of my participation in the ceremony and will not be disclosed to any third parties without my consent.
5. I have familiarised myself with Ayahuasca and how the ceremony will proceed. I understand that the facilitators will explain in more detail how the ceremony will proceed before I drink Ayahuasca and I am aware that I may ask any questions about the ceremony at any time and can change my mind about attending at any time before the ceremony begins.
6. Once the ceremony has started, I commit to not leaving the space without the consent of the person running the ceremony and I commit to following instructions at all times, from the preparatory stage through to integration. I understand and agree that I can be excluded from participating in a ceremony at any point in time at the discretion of the facilitator.
7. My participation in the ceremony is voluntary and at my own risk. I absolve and hold harmless Akasha Sacred Retreats, the facilitators and all their staff, assignees and affiliated or related persons from and against any and all demands and claims of every nature and kind arising as well as demands and claims arising out of any personal injury I may suffer or damages to my property, resulting from or caused by or attributable to my participation in the ceremony.
8. I shall keep confidential the content of all documents provided and completed in relation to the ceremony and the facilitators.

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9. I acknowledge and agree that the use of cameras and the taking or making of any photographs or reproductions or releasing content relating to the ceremony in any way or form, including, but not limited to still, moving or audio form, is strictly prohibited and such content shall not be posted anywhere including, without limitation, to any internet sites or social media platforms including, but not limited to, You-Tube, Facebook, Twitter, Instagram and similar sites.
10. In addition, I shall not disclose, make or authorize any news stories, statements, blogs, tweets, articles, books or other publicity relating directly or indirectly to the ceremony or my participation in the ceremony in any manner whatsoever, whether to a single or multiple recipient(s) or onto the internet or by means of other technologies without the express prior written authority of the organisers.
11. I agree not to take any photos or make any video or sound recordings and to fully switch off my phone during the ceremony, which will not be kept on my person during the ceremony, and I agree not to bear any form of weapon or firearm on me at any time during the ceremony or in the ceremony space.
12. I specifically agree not to drink any alcohol or take any recreational drugs for at least 2 days before and after the ceremony.

SIGNATORY

FULL NAME

DATE

PLACE

Initials _____

MEDICAL FORM

FOR PARTICIPANTS IN AYAHUASCA AND SAN PEDRO CEREMONIES

Your details are confidential.

Name & surname: _____

Address: _____

Cell phone: _____

Email: _____

Sex & age: _____

Relevant Information

Ayahuasca and San pedro sessions are intended to be a personal growth experience and should not be considered a substitute for psychotherapy, but rather a complementary therapeutic device. Working with Ayahuasca can involve intense experiences accompanied by strong emotional and physical releases. It is not recommended for people with cardiovascular problems, serious hypertension, psychiatric conditions, recent fractures or surgery, acute infectious diseases or epilepsy. There is no data on the safety of Ayahuasca in pregnant women and it is thus suggested that pregnant women do not take part in Ayahuasca sessions.

If you have any doubt as to whether you should participate in a session, it is essential that you consult your doctor or therapist, as well as the facilitators of the session.

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Personal information

Please answer all questions honestly and accurately. If you mark "YES" to any of them, please give specific details on the back of this form or on another sheet. Your answers are intended to help facilitators and are strictly confidential.

	YES	NO
1. Do you currently suffer from, have you ever had or do you have a family history of any of these ailments?		
a. Cardiovascular disease, including heart attack	___	___
b. High blood pressure	___	___
c. Psychiatric condition	___	___
d. Recent operation	___	___
e. Past or current physical injuries	___	___
f. Infectious or contagious diseases	___	___
g. Glaucoma	___	___
h. Displaced retina	___	___
i. Epilepsy	___	___
j. Osteoporosis	___	___
k. Asthma	___	___
2. Are you pregnant?	___	___
3. Have you been hospitalised in the last 2 years?	___	___
4. Have you ever been hospitalised for a psychiatric illness?	___	___
5. Is there anyone in your family with a history of psychiatric disorders?	___	___
6. Are you currently receiving therapy or attending any kind of support group?	___	___
7. Are you taking any medication?	___	___
8. Is there anything else about your physical or emotional state that we should know about?	___	___
9. Have you taken Ayahuasca, San Pedro or other mind-expanding substances before?	___	___
a. If yes, how many times? _____		
10. Have you experienced adverse or particularly difficult experiences with Ayahuasca that you have found hard to integrate?	___	___
11. Have you experienced adverse or particularly difficult experiences with other psychoactive substances that you have found hard to integrate?	___	___

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Emergency contact details (Next of kin)

Name & surname: _____

Relationship to you: _____

Cell phone: _____

Declaration

I, the undersigned, declare that I have read and understood the information in this medical form. I further declare that I have answered all the above questions completely and honestly and have not withheld any information that I believe could be important.

As far as I am aware, my general health is good.

SIGNATORY

FULL NAME

DATE

PLACE

Initials _____