



## MUAISA HALE PULE SACRED PLANTS APPLICATION GENERAL INFO / HEALTH HISTORY



**Complete & submit with 1 realtime selfie headshot  
+ 1 scan of your photo ID + 1 signed Waiver form**

**===== Ample advanced planning is required =====**

tel. 1-808-323-3238 | [www.muaisa.org](http://www.muaisa.org) | email: [muaisa@yahoo.com](mailto:muaisa@yahoo.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Home Address, including postal code and country:

\_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_ day \_\_\_\_ mo \_\_\_\_ year Gender \_\_\_\_\_ Age: \_\_\_\_ (must be 18+)

U.S. Citizen \_\_\_\_ Resident \_\_\_\_ Alien \_\_\_\_ Other (Specify): \_\_\_\_\_

Relationship status: [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Partnered [ ] Living Together

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Please fill in the requested information below as legibly, truthfully and thoroughly as possible.

1. How did you learn about the plant ceremonies at Muaisa Hale Pule? From whom, or from what website(s) in particular? \_\_\_\_\_

\_\_\_\_\_

2, Please state your intentions (i.e., your personal reasons) for wanting to participate with us.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 Describe any previous experience you may have had with other sacred plants and/or with any other shamans and/or practitioners of sacred plant ceremonies. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any concerns regarding your participation in a sacred plant ceremony at this time? Elaborate as you feel is necessary. \_\_\_\_\_

\_\_\_\_\_

5. Check any food requirements you have [ ] Vegan [ ] Vegetarian [ ] Gluten-free [ ] Other \_\_\_\_\_

6. Ceremonies are held every Sunday evening when 2 or more people commit to participate. They start at 6:00 to 6:30 PM (depending on sunset) and last for several hours. You may also couple a ceremony with an all-day eco-adventure or with a 2-hr private, one-on-one session with Shaman.

What dates do you plan to be on the Big Island? \_\_\_\_\_

Where on the Kona Coast will you be staying on the night of the ceremony? \_\_\_\_\_

[ ] Please check here if you would like us to send you our list of handy, nearby accommodations.

***You will be required to drive no more than 20 miles (30 minutes) directly after the ceremony.***

For what dates are you applying for Sacred Plant involvement? Check all boxes below that apply:

[ ] Sunday evening ceremony only (Please specify date) \_\_\_\_\_

[ ] Sunday ceremony + 2-hour, private, Animal Medicines session with Shaman for acquiring tools and insights to take with you long after the ceremony is over. (Mon - Fri date): \_\_\_\_\_

[ ] Add an all-day Eco-adventure/Mystic Tour to any of the plans above (Mon - Fri date): \_\_\_\_\_

[ ] List any/all alternative date(s) for which you may also be available: \_\_\_\_\_

=====

***PLEASE BE DISCREET WITH ALL INFORMATION ABOUT OUR CEREMONIES.  
WE ASK THAT YOU DO NOT SHARE ANYTHING ABOUT THEM  
OUTSIDE YOUR OWN, CONFIDENTIAL CIRCLE OF FAMILY AND FRIENDS.***

=====

### MEDICAL INFORMATION

The sacred plants we use are psychoactive entheogens (literally: “becoming divine within”). They are non-addictive and do not interfere with “mental clarity.” As with pharmacologically active substances, however, they are ***not for everyone***. Most people can use these plants safely in the recommended amounts. Nevertheless, participants should be well informed of any potential risks.

**CAUTION:** Because the plants we use are 100% natural (as opposed to chemical compounds that can be patented for profit), very little scientific research has been performed on their attributes. It is, however, generally accepted that the psychoactive compounds in these sacred plants can interact with the conditions and prescription medications listed as follows.

Please DO NOT USE these plant sacraments if you are:

- [ ] Under 18 years of age, [ ] Suffering from depression or bipolar disorder,  
[ ] Pregnant or breastfeeding, [ ] Subject to liver disease or an existing liver condition,  
[ ] Having surgery in 3-4 days after use (to insure that there is no interaction with the anesthesia),  
[ ] Any of the following medications must be disclosed in Section 10 below as we will want to speak to you directly, and you will be required to sign a specific waiver on the day of ceremony:

- Antiretroviral medicines used to treat HIV/AIDS
- Medications used to treat Parkinson's disease
- Prescription monoamine oxidase inhibitors (MAOIs)
- Benzodiazepines and/or barbiturates that treat anxiety
- Antidepressants, SSRIs, sleep aids, cardiovascular drugs, or diet pills

***Consume absolutely NO alcohol or Tylenol® for 24 hours before or after the ceremony and no other entheogens, particularly ayahuasca, for at least 2 weeks before and/or afterwards.***

It is important that you be aware that the list of contraindicated substances includes, but is not limited to, SSRIs, Demerol, cold medication, decongestants, sinus medication, nasal sprays, hay fever medications, diet pills, amphetamines, MDMA or ecstasy, cocaine, heroin, marijuana and crack. If you have been using any drugs -- medical, over the counter, street drugs or cannabis -- please advise us prior to attending any ceremony to discuss this matter further.

People who are suffering from conditions like heart problems, or are susceptible to panic attacks, depression or anxiety, need to be cautious about our plant brew. Please answer the following questions as completely and honestly as possible. Your responses will remain strictly confidential.

7. Do you suffer from or have a past/current history of any of the following? (Circle all that apply.)

Yes No Cardiovascular disease, including a history of heart attacks

Yes No High Blood Pressure / Low Blood Pressure / Hypertension / Tachycardia

Yes No Mental illness / Hospitalizations for psychiatric reasons

Yes No Recent surgery or surgery scheduled in the near future; please give date(s) \_\_\_\_\_

Yes No Past or recent physical injuries, fractures or dislocations

Yes No Glaucoma

Yes No Retinal detachment

Yes No Recent or current infectious or communicable diseases

Yes No Epilepsy

Yes No Asthma

Yes No Diabetes (Type 1 or 2)

Yes No Other- Including symptoms which affect:

Yes No Head / neck

Yes No Eyes, ears, nose or throat

Yes No Lungs

Yes No Skin

Yes No Intestines / bowels / digestion

Yes No Back

Yes No Bladder or kidneys

Yes No Chest / heart

Yes No Circulation

Yes No Ability to sleep

8. Please elaborate with dates on any yes answers above, and tell us if there is anything about any specific symptoms, disabilities, medical conditions or anything else about your physical or emotional health that we should be aware of: (Attach additional pages if necessary) \_\_\_\_\_

---

---

---

---

9. Have you ever been hospitalized for medical OR psychiatric reasons? (Please elaborate with date and attach additional pages if necessary) \_\_\_\_\_

---

---

---

---

10. Please list (**print clearly**) all prescribed or over the counter medications -- including dosage and frequency -- that you are taking or have taken in the past 12 months. ***\*\*Note: It is important that you provide an accurate and detailed list of all medications, as the ceremonial plants can dramatically increase the effects of certain meds to the point of being contraindicated.\*\****

---

---

---

11. List (**print clearly**) any supplements, herbs or vitamins that you have taken regularly in the past 2 months. ***\*\*Note: It is required that you provide a complete list of any supplements taken regularly, as certain supplements can block the effect of the plants, and/or the plants can dramatically increase the effects of certain supplements to the point of being unsafe.\*\****

---

---

---

12. List (**print clearly**) any recreational substances -- Including tobacco, alcohol and marijuana -- that you have taken over the past 12 months. Include amount and frequency of use. ***\*\*Note: It is imperative that you provide an accurate and detailed list of your recreational substance use as certain substances can block or interfere with the effects of the plants and/or exacerbate potential side effects and risk factors associated with them and vice versa.\*\****

---

---

---

13. List any allergies and elaborate. Be advised that there are ***cats*** and free-range ***chickens*** on property, we are surrounded by ***jungle, mold*** and ***pollen***, and we burn ***incense*** in ceremony. By signing this form and applying to participate with us, you acknowledge that you have read this information, that you are solely in charge of and responsible for your own health and wellbeing, and that you take full responsibility to guard against any possible allergic reaction(s) you may have while on property without holding Muaisa Hale Pule or anyone other than yourself responsible in any way.

---

---

Muaisa Hale Pule cannot be held responsible for accidental damages or injuries caused by actions contrary to its stated policies or by errors/omissions in the information you provide. By signing below, you attest that you have read our Guidelines and FAQ pdfs, that you have answered all the questions above as honestly and completely as possible without withholding any information, and that you take full responsibility for any physical, emotional and/or mental disturbances which may occur as a result of your participation in our ceremony. You also give us permission to investigate and verify all statements contained herein with the understanding that the omission or misrepresentation of any fact(s) provided on this form may be cause for dismissal without recourse.

**I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN TIME TO CONSIDER & ANSWER THESE QUESTIONS AS ACCURATELY AS POSSIBLE. I SIGN THIS AGREEMENT VOLUNTARILY.**

Name (please print) \_\_\_\_\_

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