



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



**Complete, sign and submit with 1 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)

Aloha! How wonderful that you are taking steps towards joining us for one or more of our Hawaii Indigenous Sacred Plant Ceremonies. The intention of this form is to help us establish an understanding of who you are, and to clarify your understanding of what we are and what we do. It will be held on file for up to a year.

Muaisa Hale Pule is a church with neither walls nor religious dogma. ***In exchange for meeting certain charitable contribution thresholds, guests are offered the intangible spiritual benefit of participating in our programs and ceremonies***, none of which are sold in commercial transactions outside the donative context, and for all of which there is no charge. As an official 501(c)(3) Chapter of New Haven Native American Church (NHNAC), we do not engage in commerce and rely instead on charitable contributions and volunteerism. Like all tax-deductible contributions, gifts to Muaisa Hale Pule are not purchases in exchange for goods or services. They are non-transferable, non-refundable, charitable contributions. We appreciate your taking the time to fill in the requested information below as clearly, concisely and ***legibly*** as possible.

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.

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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. \_\_\_\_\_

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

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

6. Ceremonies are held every Sunday evening when two or more people commit to participate. They start at 6 - 6:30 PM (depending on sunset) and last for several hours. You may also couple a ceremony with an all-day mystic tour/eco-adventure or with a 2-hour private 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 into cultivating your own, deep, inner ecology. (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: \_\_\_\_\_

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***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.***

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## 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) \_\_\_\_\_

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

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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.\*\***

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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.\*\***

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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.\*\***

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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.

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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.

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**CHARITABLE CONTRIBUTIONS TO MUAISA HALE PULE ARE NOT PURCHASES.  
THEY ARE NON-REFUNDABLE, NON-TRANSFERABLE,  
AND NOT IN EXCHANGE IN EXCHANGE FOR GOODS OR SERVICES.**

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**REFUND POLICY:** We encourage you to be clear in submitting your charitable contribution. Under the Internal Revenue Code (IRC) which recognizes Muaisa Hale Pule as a church, contributions made to our just cause are non-transferable, **non-refundable** and not in exchange for goods or services. All charitable contributions are gifts in exchange for intangible, spiritual benefits only.

Services, programs, and ceremonies at Muaisa Hale Pule are **not open to the general public**. Rather, they are offered exclusively as a courtesy to our donors who meet certain contribution thresholds. Should you reserve space in a ceremony and then cancel, every attempt will be made to reschedule you for a later date. If you cancel due to serious illness or family emergency, the specifics of your case will be reviewed on an individual basis upon submission of hard-copy, supportive documents to our Board of Officers.

***I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THIS AGREEMENT, WHICH I SIGN NOW VOLUNTARILY.*** By agreeing to the terms above, I understand that this is a binding agreement, and that my electronically signing and submitting this document legally binds me in the same manner as if I had signed a non-electronic form.

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

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

**KINDLY RETURN YOUR COMPLETED APPLICATION FORM AS FOLLOWS:**

1. Read, complete and sign the pages above by either printing out the pages and completing them by hand, or by copying and pasting the form into Word, Pages, Libreoffice, etc. and keyboarding in your responses. Mac users are generally able to fill out the form by computer;
2. Scan (jpeg or pdf) your **completed form** in its entirety along with any additional pages;
3. Take an in-the-moment selfie of your head and shoulders with eyes exposed (no glasses), looking directly at the camera. Email it along with your **scanned application** and a **scanned copy of your State or Federal photo ID** (passport, driver's license, etc.) to [muaisa@yahoo.com](mailto:muaisa@yahoo.com);
4. If you haven't yet met the charitable contribution threshold for participation in ceremony, you may contribute via PayPal balance debit card, or bank wire transfer via one of the following 3 options:

**OPTION #1: SUBMIT YOUR CHARITABLE CONTRIBUTION VIA PAYPAL BALANCE OR DEBIT CARD (SORRY, WE DO NOT ACCEPT CREDIT CARDS OTHER THAN DEBIT CARDS)**

[https://www.paypal.com/donate?hosted\\_button\\_id=ZTRW4QFJLVARG](https://www.paypal.com/donate?hosted_button_id=ZTRW4QFJLVARG)

[https://www.paypal.com/donate?hosted\\_button\\_id=BB7QS5ESBFMBL](https://www.paypal.com/donate?hosted_button_id=BB7QS5ESBFMBL)



**OPTION #2: AUTHORIZE US TO ASSIST YOU WITH A DEBIT CARD TRANSACTION BY TEL:**

By signing this form you request Muaisa Hale Pule to assist you by phone in debiting your account listed below for the non-transferrable, non-refundable charitable contribution amount indicated. This permission is for a single transaction only; it does not provide authorization for any additional unrelated debits or credits. The information provided shall not be used for any other purpose than for your one time, non-refundable charitable contribution.

I, \_\_\_\_\_ authorize Muaisa Hale Pule to charge my debi card  
(cardholder's full name)  
account indicated below for the sum of \$ \_\_\_\_\_ on \_\_\_\_\_.  
(amount) (date range)

Card Type: Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AMEX \_\_\_

Last 4 numbers of the account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

I authorize Muaisa Hale Pule to charge the debit card indicated on this authorization form according to the terms and conditions stated above. I certify that I am an authorized user of this account, and that I will not dispute this payment with my bank or credit card company as long as the transaction corresponds to the terms indicated in OPTION #2 above.

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



## OPTION #3: BANK WIRE TRANSFER



### Muaisa Hale Pule Wire Instructions

**Domestic Wires / Electronic Debits / ACH**  
121301028

**International Wires (SWIFT Code)**  
BOHIUS77

**Receiving Bank**  
Bank of Hawaii / Kealahkekua Branch

**Receiving Bank Address**  
81-6638 Hawaii Belt Rd, Kealahkekua, HI 96750

**Receiving Bank Phone**  
+1-808-322-9377

**Recipient / Beneficiary Name**  
Oklevueha Native American Church of Missouri, Inc.

**Recipient / Beneficiary Address**  
PO Box 2334, Kealahkekua, HI 96750

**Recipient Account Number**  
83470844

#### A WORD TO THE WISE

People come to Muaisa Hale Pule from a variety of backgrounds. Although most leave feeling renewed and grateful, a few folks -- some of whom have never been here nor even met us -- take it upon themselves to attempt to "cancel" what it is we do. They misuse the Internet to tell the world that we are witches, that we practice black magic, that we are sexual predators and members of the Illuminati, and that we bury children in our backyard, etc.. The fabrications are endless. We encourage you to use your best judgment and to be clear in your intentions of planning to come here and to contribute to our just cause as all charitable contributions are non-refundable and non-transferrable by law, and we want you to feel uplifted and confident in your decision to join us.

***Programs and ceremonies are offered to our donors in exchange for their meeting specific charitable contribution thresholds. Participation dates cannot be confirmed or reserved until we receive your completed application package for the program(s) that interest you, and until the total amount of your contribution(s) meet(s) that charitable contribution threshold.***

#### POST, EMAIL, WEBSITE AND TELEPHONE CONTACT



Post: Muaisa Hale Pule  
990 Halekii Street, #2334  
Kealahkekua, HI 97850

Email: [muaisa@yahoo.com](mailto:muaisa@yahoo.com)

Website: [www.muaisa.org](http://www.muaisa.org)

Phone: +1 808 323 3238, Hawaiian Time

*We look forward to seeing you soon!*