



MUAISA HALE PULE SACRED PLANT USE CONSENT AND WAIVER

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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AT BOTTOM OF DOCUMENT

I, the undersigned, acknowledge that participating in a sacred plant ceremony with Chief 'Golden Feather' and/or consuming indigenous, earth-based, plant sacraments may involve discomfort and unexpected physical, mental or emotional upset. In signing this release, I agree to waive all rights to seek or receive compensation in case of injury, loss or damage.

Some of the "entheogens" (literally: "to become divine within") in the plant brew I will be drinking are known to be psychotropic. These sacred plants will be served in the form of an all-natural tea made from 100% organic, untreated plants that grow in Hawaii and various other parts of the Pacific, plants which are referred to in early sanskrit writings, and which the healing and spiritual shamans of old have employed in their shamanic rituals for over a thousand years. These recipes produce psychoactive effects. I have been informed of the objectives of ingesting these sacred decoctions and of their possible effects, which may include euphoria, psychedelic musings, deep spiritual awareness, visions of a spiritual nature, a sense of extreme relaxation, and/or all-over body sensations,

I choose to ingest these plants and to participate in this work as a result of my research and interest in shamanism and ceremonies. I understand that my participation to this degree is entirely voluntary, and I agree to remain on the shamanic grounds and within the consecrated space until instructed that it is okay to leave. ***I agree to consume absolutely NO alcohol or Tylenol® for 24 hours before or after ceremony and to partake of no other entheogens, particularly ayahuasca, or other food or herbal Monoamine Oxidase Inhibitors (MAIOs), for at least 2 weeks before or afterwards.***

I understand that my consumption of these ancient sacred plants may be physically, mentally, emotionally or spiritually demanding, and that I may experience dizziness, nausea, headaches or other physical pain or upset, including vomiting and/or diarrhea. I have been informed that to potentially stem off the side effect of vomiting, it is best to avoid the consumption of alcohol, tobacco, and recreational drugs (including marijuana) for 2 weeks preceding ceremony, and citrus and fatty foods for 48 hours.

Some participants have also reported that they have experienced hangover-like symptoms (blurred vision, vertigo and physical inertia) that lasted for a number of hours after the ceremony ended: If this is the case for me, I will not leave the shamanic grounds nor will I drive a vehicle until this condition has passed. In any event, ***I will not drive a vehicle more than 30 minutes (20 miles) immediately following the ceremony*** -- no further than Kailua-Kona to the north or Olelomoana to the south.

I accept full responsibility for anything that may occur, including emotional disturbance, mental disorientation, loss of consciousness, and/or any and all possible manifestations of physical, emotional and mental changes, including the possibility of losing touch with "reality." I acknowledge that the risks and potential benefits of my participation have been explained to me, and I freely choose to enter this process, accepting full responsibility for whatever may occur whether anticipated or unanticipated.

Initial: _____ Date: _____

• PREPARATION AND INTEGRATION

I acknowledge that I have received a copy of the ceremony guidelines entitled "Hawaii Sacred Plants" which include proper dietary guidelines and advice about recreational substance use leading up to the ceremony, that I have read these guidelines, and that I take full responsibility for adhering to them.

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***I AGREE THAT UNDER NO CIRCUMSTANCES WHATSOEVER
WILL I ATTEMPT TO DRIVE ANY MOTOR VEHICLE
UNLESS AND UNTIL I HAVE BEEN CLEARED BY THE LEADER OF THE CEREMONY
AND TOLD THAT IT IS ALL RIGHT TO DO SO, AS OTHERWISE
I MAY BE PHYSICALLY OR MENTALLY EXHAUSTED AND/OR DISORIENTED
EVEN THOUGH I MAY THINK OTHERWISE.***

***I FURTHER AGREE NOT TO DRIVE A MOTOR VEHICLE
FOR MORE THAN 20 MILES (30 MINUTES) IMMEDIATELY FOLLOWING CEREMONY --
NO FURTHER THAN KAILUA-KONA TO THE NORTH OR OLELOMOANA TO THE SOUTH.***

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• NOT A SUBSTITUTE FOR PSYCHOTHERAPY OR MEDICAL CARE

Consuming sacred plants and/or participating in a shamanic plant ceremony can involve dramatic experiences accompanied by strong emotional and physical release. I understand and agree that partaking of any sacred plants with Chief 'Golden Feather' is primarily a spiritual undertaking, and although personal growth can occur, the experience should not be misconstrued -- nor is it designed to be -- a substitute for psychotherapy or medical treatment.

I understand that Shaman 'Golden Feather' may interact one-on-one with me and/or others during the ceremony, performing hands-on healing. I hereby give my consent to receive this service, knowing that it is spiritual in nature and focused in Natural Healing, not allopathic medicine. I accept that Chief 'Golden Feather' and his helpers are shamans (i.e., ministers), and that these services constitute the practice of their religion; that they make no claim or promise about being medical doctors, about the curing or prevention of illness of any kind, or about the nature of any spiritual experience, which I understand is entirely personal. If I choose to forego the opportunity to receive their one-on-one service, or if I experience any pain, discomfort, emotional stress, or other unusual condition at any time, I will immediately inform the Shaman as ***It is my expressed responsibility to be solely in charge of my own physical, mental, emotional and spiritual health, well-being and choices at all times.***

• FDA REGULATIONS

I have been informed that the plants I will be served during ceremony are psychoactive (i.e., they affect brain receptors); that they appear to have properties which expose users to the risks of abuse, addiction and dependence, and that the U.S. Food and Drug Administration (FDA) is warning consumers not to use psychoactive plant substances that affect brain receptors, and that appear to have properties which expose users to the risks of abuse, addiction and dependence. I understand that there are no FDA-approved uses for these plants at this time, that the agency has received concerning reports about their safety, and that the FDA is actively evaluating all available scientific information on this issue and continues to warn consumers not to use any products containing these botanical substances or their psychoactive compounds.

Initial: _____ Date: _____

Although it has been made clear to me that the FDA encourages more research to better understand these plant substances' safety profile, I hereby take full responsibility for any results that may occur in relation to my willful experimentation with these plant substances -- not as food, medicine or food supplements, but as sacred sacrament for my own spiritual purposes.

• **CANCELLATION POLICY**

Muaisa HalePule is an officially recognized 501(c)(3) Chapter of New Haven Native American Church (NHNAC). All donations made are free-will gifts for intangible, spiritual benefits only and are non-transferable and non-refundable.

I understand that there can be no late arrivals to the ceremony. If something happens to prevent me from arriving on time; I will be refused entry and will be invited to reschedule for a later time. Should I cancel my place in a ceremony or private session, every attempt will be made to find a replacement and/or to reschedule me for another ceremony or private session. If I cancel due to serious illness or family emergency, the specifics of my case will be reviewed on an individual basis.

*I acknowledge that I have received and read a copy of the **FREQUENTLY ASKED QUESTIONS (FAQ) and CEREMONIAL GUIDELINES** entitled "HAWAII SACRED PLANTS," and I understand the importance of heeding the warnings and adhering to the instructions contained therein.*

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I UNDERSTAND THAT ALL INFORMATION PROVIDED TO ME EITHER ORALLY, ELECTRONICALLY, OR IN WRITING BY MUAISA HALE PULE OR ITS AGENTS IS FOR EDUCATIONAL PURPOSES ONLY AND IS NOT TO BE MISCONSTRUED AS MEDICAL ADVICE. SHOULD I HAVE QUESTIONS ABOUT MY PERSONAL MEDICAL SITUATION AND/OR THE RISKS OR BENEFITS OF THE SUBJECT CEREMONIAL PLANTS, I WILL CONSULT WITH MY HEALTH SERVICE PROVIDER(S) FOR ADVICE BEFORE PROCEEDING.

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I hereby knowingly and voluntarily assume the full risks of any physical or moral injury, damage or losses, either to myself or caused to others by me during the ceremony, and I hereby waive the liability of and agree to hold harmless, Chief 'Golden Feather,' Dr. Zae Zatoon, The Count Find Living Trust, New Haven Native American Church, Muaisa Hale Pule, and all affiliated helpers, associates, employees, agents, staff, officers, family, successors, volunteers and other participants. I further agree to defend and indemnify all such parties from any claims, suits and demands. This agreement is binding upon me, my spouse, my parents, my family, my heirs, my executors, my administrators, my agents and my assigns.

I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THIS WAIVER AND THE ACCOMPANYING FAQ AND CEREMONY GUIDELINES. WITH THIS, I SUBMIT:

- (1) A SCANNED COPY OF MY STATE OR FEDERAL PHOTO ID (EX., PASSPORT, DRIVERS LIC);***
- (2) A RECENT COLOR HEAD SHOT OF MYSELF WITH EYES EXPOSED AND UNOBSTRUCTED.***

I SIGN THIS AGREEMENT AND SUBMIT THESE MATERIALS VOLUNTARILY.

Name (please print) _____

Signature: _____ Date: _____