



## RELEASE OF LIABILITY

The Client, being at least 18 (eighteen) years of age, in their signature following has requested to participate in a ceremony/retreat of Ayahuasca with The Healing Tree Center and their respective representatives, for which they will have signed this Liability and Authorization Form, and are in full awareness of the risks of such.

The Client states that they have answered their Health History Questionnaire truthfully and completely and are free from any known or unknown heart, physical, mental, drug or any other health problems that could prevent them from participating or cause complications during their participation. They agree that their safety is primarily dependent upon taking proper care of themselves during the Ayahuasca retreat /ceremony, and in following all pre and post Ayahuasca ceremony / retreat, dietary and health guidelines, including abstaining from medications and drugs and that they have completed a medical exam from their licensed primary care Medical Doctor and / or Specialist within the last 30 days and have provided The Healing Tree Center a copy of the resulting recent Medical Certificate of Health and Wellness (e.g. a doctor's fit note). Clients should consult their health care providers prior to starting any new healing activity/program.

I, the undersigned participant, am freely signing this agreement. I have read this form and fully understand that by signing this form I understand that participation in a ceremony / retreat of Ayahuasca might present a risk of injury or harm to myself, and I agree that this risk is fully borne myself, the Client. In addition, I hereby releases and agree to waive liability, from and against any and all damages and claims of any kind, known or unknown, that may be connected, are the result of, or arising from consideration, preparation, implementation or participation in the aforementioned ceremony/retreat of Ayahuasca, against The Healing Tree Center. This includes, but is not limited to, claims involving economic loss, illness or medical condition, injury or accidental death. I acknowledges having read and understood this Release of Liability. I, the Client, agree with this Release of Liability and precisely express full understanding and it has not been modified orally or in writing.

READ BEFORE SIGNING

The Client

NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

The Healing Tree Center Representative

NAME : \_\_\_\_\_ SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_