



MUAISA HALE PULE APPLICATION / INFO / WAIVER

**Complete & send to: muaisa@yahoo.com
Include: *Selfie + Photo ID + Charitable Contribution***



Advanced planning is required. Please submit for approval BEFORE BOOKING AIRFARE

Aloha! How wonderful that you are planning to join us for one or more of our programs or retreats! The intention of this form is to help us establish a baseline understanding of who you are, and to clarify your understanding of what we are and what we do. All information provided will be kept **strictly confidential** and will be held on file for up to one year.

Muaisa Hale Pule is a shamanic mission with neither walls nor religious dogma. We meet “from house to house” and in the majesty of some of Hawaii's most pristine habitats. ***In exchange for meeting certain charitable contribution thresholds, guests are granted participation in our retreats and ceremonies for the intangible spiritual benefit of doing so.*** All such programs are offered at no charge nor admission fee as none are sold in commercial transactions outside the donative context.

Unlike other religious organizations that use donated monies to support a paid clergy, all our shamans are volunteers; Muaisa Hale Pule does not have a paid staff. An official 501(c)(3) Chapter of New Haven Native American Church (NHNAC), we do not engage in commerce and rely instead on volunteerism and charitable contributions. Like all tax-deductible gifts, donations to Muaisa Hale Pule are **not purchases** in exchange for goods or services. They are charitable contributions and are non-refundable unless a ceremony or retreat is canceled for reasons beyond our control. We appreciate your taking the time to fill in the requested information below (pages 1 - 6) as clearly, concisely and **legibly** as possible.

First Name: _____ Last Name: _____

Nickname: _____ Email: _____

Home phone: _____ Mobile Phone: _____

Permanent Home Address, including postal code and country: _____

Occupation: _____

Date of Birth: _____ mo _____ day _____ year Gender _____ Age: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Tel: _____

TERMS, CONDITIONS AND WAIVER OF LIABILITY CLAIMS (*Apologies for the legalese*)

In consideration of participating in events, meetings, blessings, programs, sessions, activities, retreats, ceremonies and/or eco-adventures offered by Muaisa Hale Pule, I agree to read all the information presented in these Terms and Conditions and Waiver of Liability Claims and to comply with any and all rules and guidelines communicated to me about these activities, including but not limited to the following:

1. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR RISKS AND LIABILITY FOR MY PROPERTY LOSS, PERSONAL INJURY, SERIOUS INJURY OR DEMISE WHICH MAY OCCUR IN CONJUNCTION WITH MY PARTICIPATION IN MUAISA HALE PULE PROGRAMS AND ACTIVITIES; AND I HEREBY FOREVER RELEASE, DISCHARGE AND HOLD MUAISA HALE PULE, THE COUNT-FIND LIVING TRUST, REV DR JO ANN ZAI ZATOON, JACK WILLIAM ALEXANDER, AND THEIR AGENTS (HEREINAFTER REFERRED TO AS “RELEASEES”) HARMLESS FROM ANY CLAIM ARISING FROM

SUCH RISKS, EVEN IF ARISING FROM THE RELEASEES' NEGLIGENCE OR THE NEGLIGENCE OF THEIR MEMBERS, AGENTS, OR OF THIRD PARTIES.

On behalf of myself, my heirs, executors, administrators and assigns, I hereby waive, release, discharge, and agree not to sue Releasees, **their** agents, members, sponsors, officers, directors, employees, volunteers, affiliates, representatives, contractors and subcontractors, and if applicable, owners and lessors of equipment, installations and premises used for related activities, from any and all claims for losses, damages, injuries, liabilities and expenses which I may have or which may subsequently accrue to me, relating to, resulting from or arising out of my use of releasees' property and/or participation in any related events, programs, activities or installations, Including any injury or damage to my mental or physical health, to my property, or to that of any other person or property.

If, however, Releasees file a claim against me, I may file a counterclaim related to the same facts and circumstances. I agree to indemnify, defend and hold Releasees harmless from and against any and all claims by third parties for losses, injuries, damages, liabilities and expenses relating to, resulting from or arising out of my use of property belonging to Releasees, or activity, including any event, activity or program held on property owned by them. I intend that this Waiver of Liability Claims shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

2. SHAMANIC INTERACTIONS: I accept that the shamans at Muaisa Hale Pule are volunteer ministers, that any services they offer are part of their spiritual practice, that they make no claim or promise about being clinicians, about the curing or prevention of physical or emotional illness, or about the nature of any spiritual experience, which I understand is entirely personal. If I experience any pain, discomfort, emotional stress, or other unusual condition during any service or interaction, I will immediately inform the shaman. Should I find that any condition or activity during a Muaisa Hale Pule event is unsafe or offensive to me, I acknowledge that I can avoid such a condition or activity by, among other things, removing myself from the vicinity of the discomfort or offense. ***It is my expressed responsibility to be solely responsible for my own physical, mental, emotional and spiritual health, well-being and choices at all times.***

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

Are you planning on having access to a vehicle during your stay? ____ Yes ____ No ____ Undecided

How many in your party (including yourself) will be joining us? _____

Where on the Kona Coast will you be staying during your involvement with us? _____

Check here if you would like to receive our list of handy, nearby accommodations.

On what date(s) do you wish to join us? Check all boxes that apply:

1 Day = Sunday evening Sacred "Hawaiika" Ceremony (Approx Dusk til Midnight date) _____

2 Day = Sunday Ceremony + 2.5 hour Mon - Thurs Shamanic "Deep Dive" (Dates) : _____

1 Day Shamanic "Deep Dive" Individual Couple/Relationship (Mon - Thurs Date) _____

All-day Eco-adventure (Tues/Thurs Date): _____ Art Awakening (Mon - Thurs Date): _____

8-day Shamanic "Life Purpose " Rebirth (Dates Wed through Wed or Thurs through Wed): _____

10-day Volunteer Immersion (Dates Monday through next week Wednesday): _____

Skills or interests you wish to volunteer: _____

3. **'HAWAIIKA' SACRED PLANT CEREMONIES:** "Hawaiiaka" Sacred Plant Ceremonies are held every Sunday evening whenever two or more people commit to participate. We start at 5 PM and go until approximately midnight. **To avoid the 2-person ceremony minimum, you may couple a private, one-person Ceremony with a Mon-Thurs 2.5-hour Shamanic "Deep Dive," a Mon-Thurs 2.5-hour Aura Reading, a Mon-Thurs 3-hr Art Awakening, or an all-day Tues or Thurs Eco-adventure.**

Sacred Plants are not a quick fix or a magical cure and won't – in and of themselves – solve your problems or transform your life. They provide an opportunity for you to perceive yourself from an altered state, a different perspective. In the "Deep Dive," Art Awakening and/or Eco-adventure, Shaman works with you on your own inner alchemy; so that you can focus more precisely from-the inside-out to recognize and free yourself from your own self-defeating "mind trips" and blind spots.

Everyone's tolerance varies. Some participants have 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 agree not to leave the ceremonial grounds nor will I drive a vehicle if I am under the influence of any psychoactive substance or until this described condition has passed. In any event, **I will not drive a vehicle more than 30 minutes (20 miles) immediately following the ceremony.**

I also understand that my experience will be unique to me based on my personal health and level of receptivity, and I take full responsibility for the fact that it may not conform to my expectation of what I "think" may happen based on what I have read, heard, or experienced elsewhere. Every time, every ceremony, every person is different.

I understand that approximately 10 percent of people who participate in sacred plant ceremonies claim to experience no effect. These people are generally in resistance to the brew and tend to shield themselves from experiencing a change in consciousness by focusing on analytical thought. If I am one of these people, I will acknowledge this as my personal "hoop of fire," and I will not blame the shamans and/or Muaisa Hale Pule for my own perceived disappointment.

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 acknowledge that the risks and potential benefits of my participation have been explained to me; that just because the subject brew is natural, plant-based and unregulated, this does not mean it is unequivocally harmless. When ingested in conjunction with alcohol, illicit drugs, or certain otherwise benign health conditions or digestive disorders, it can cause unintended physical complaints, including agitation, seizures, excessive vomiting, rapid heart rate, breathing disruption and/or high blood pressure.

I agree to be vigilant about potential adverse reactions as I understand that the Hawaiiaka brew can interact with OTC and prescription medications, potentially altering their effects. **If I am under a doctor's care for a chronic illness or health condition, and/or if I am taking any prescription medication(s) – particularly those that affect the liver and/or central nervous system – I agree to discuss my intentions to attend ceremony with my healthcare provider as severe dizziness, respiratory distress, and/or abnormal heart rhythms can result from interaction with our plants and may warrant medical attention.**

I understand that my participation to this degree is entirely voluntary, and I agree to remain within the consecrated space until instructed that it is okay to leave.

Please list (**print clearly**) all prescribed and/or over-the-counter medications -- including dosage and frequency -- that you are taking or have taken in the past 12 months.

List (**print clearly**) any sacred and/or recreational substances -- i.,e alcohol, opioids, tobacco, LSD, kava, kratom, hape/rape, ceremonial tobacco and snuff, liquid nicotine, vaped nicotine, micro-dosed psilocybin and/or raw/smoked/vaped/edible/tinctured marijuana/THC/cannabismushrooms, peyote, ayahuasca, etc. -- that you have taken over the past 12 months. Include amounts and frequency of use. ****Note: It is important that you provide an accurate and detailed list of all substances, as they and our ceremonial plants can dramatically agonize the effects of each other to the potential point of being contraindicated.****

Substance:

Dates and/or frequency:

[]	_____
[]	_____
[]	_____
[]	_____
[]	_____
[]	_____

List any allergies and elaborate. Be advised that there are **cats** and free-range **chickens** on property (not directly on the ceremonial lanai) and we are surrounded by **jungle, mold, pollen**, and livestock.

I have been assured that I will be in complete control of the amount of brew I ingest and counseled to respect my own physiology. If I have any health or medical concerns whatsoever in this regard, I have been advised to seek the opinion of my treating physician(s) before participating in a "Sacred Plant Ceremony" at Muaisa Hale Pule as none of the shamans or Church representatives is qualified to offer medical advice.

I have received and read the .pdf files entitled "Frequently Asked Questions" and "Ceremony Guidelines," and I freely choose to enter this process, accepting full responsibility for anything that may occur whether anticipated or unanticipated. I understand and agree that partaking of any sacred plants as part of these activities is primarily a spiritual undertaking, and although personal growth can occur, the experience should not be misconstrued as -- nor is it designed to be -- a substitute for psychotherapy or medical treatment.

I agree to consume ABSOLUTELY NO ALCOHOL or Tylenol® for at least 24 hours before or after ceremony, no alcohol, tobacco or marijuana for at least one week (preferably 2 weeks) before ceremony, and no entheogens, particularly ayahuasca, for at least 2 weeks before or afterwards.

I understand that there can be no late arrivals to any of these events. If something happens to prevent me from arriving on time; I may be refused entry and invited to reschedule for a later date.

4. **SHAMANIC 'LIFE PURPOSE' REBIRTH:** This individually-delivered tutorial is available for scheduling every *Wednesday through Wednesday of the following week* or *Thursday through Wednesday of the following week*. It is unique to everyone who participates in it (not one-size-fits-all) as YOU carry your own course material within yourself. Anyone in this program who feels called to be a healer and places herself/himself in one or more of the following categories may also choose to become certified as a Healer/ Medicine Woman/ Medicine Man in the Lakota tradition:via New Haven Native American Church (NHNAC).

If applying for this program, please indicate which of the following categories of Healer best describe you:

- Healer of people or animals
- Healer of people or animals
- Healer of the family unit
- Healer of the community
- Healer of Society
- Healer of the Planet

Certification is optional.and includes Spiritual Adoption into NHNAC, which dictates no official religious dogma. Neither does NHNAC require members of other organized religions to change their beliefs, ideologies or way of worship. It is perfectly acceptable to become a member of NHNAC and to maintain allegiance to any other tradition, doctrine, or religion.

I understand that this is a once-in-a-lifetime experience and that the drinking of alcoholic beverages, the use of recreational drugs, the chewing or smoking of tobacco products, and displays of bullying and abusive anger -- both on premise and off-property -- are prohibited throughout the entire time I am participating in the program. Violation of this and/or other Muasia Hale Pule guidelines will be deemed to be improper and will be considered grounds for immediate eviction from the subject activities without notice or refund.

5. **MYSTIC TOURS/ECO-ADVENTURES:** I acknowledge that Muasia Hale Pule eco-adventures are strenuous activities that involve a certain amount of risk, may involve a test of a person's physical and mental limits, and carry with them the potential for serious injury, fatality and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, natural occurrences, outdoor animals, insects and/or other pests, participants' condition, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants and/or producers of the activity. Hiking and traveling to and from the trail may involve exposure to the forces of nature and to possible accident or illness in remote places without available medical facilities. I understand and agree that it is up to me, the participant, in any of these activities, to make the final judgment as to my own suitability and willingness to take the risk.

6. **VOLUNTEERISM:** I am fully aware of the risks and hazards connected with the work I am proposing to do and that performing this work includes a risk of injuries, disfigurement, dismemberment and/or fatality. I hereby elect to voluntarily participate in said activities, to enter upon the respective property and to engage in such activities, knowing that the activities may be hazardous to me and my property. ***I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including fatality,*** that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities, ***whether caused by the negligence of Releasees or otherwise.*** I further hereby ***agree to indemnify and hold harmless the Releasees*** from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity ***whether caused by the negligence of Releasees*** or not.

7. GENERAL LIABILITY: I acknowledge and understand that by participating in Muaisa Hale Pule activities, I may be exposed to environments that may present risks of serious physical, mental, emotional or moral injury, permanent disability, fatality, property damage, economic losses, toxicity or psychological disturbance, and other risks, including but not limited to those caused by the following:

- (a) conditions of the premises or equipment used;
- (b) suggestions and guidelines regarding the activities;
- (c) trails, pathways, steep terrain, jagged lava, falling rocks;
- (d) all dangers to persons and property associated with vehicular traffic;
- (e) wild and domestic animals including cats, jellyfish, biting insects, Hawaiian boar, etc.;
- (f) actions, inactions or negligence of Muaisa Hale Pule, its agents, guests, or third parties;
- (g) temperature, weather extremes and natural occurrences including flooding, drought, hurricanes, tsunamis, earthquakes, falling trees, high winds, and muddy terrain.

I further acknowledge and understand that there may also be other risks that are both obvious and not obvious, known, or foreseeable at the time of my participation.

8. FIRST AID: Unless I am known to be in possession of a valid health care directive to the contrary, I consent to have first aid and medical treatment that may be deemed advisable in the event I am incapacitated due to injury, accident, illness or other reason while on the shamanic grounds or while engaged in Muaisa Hale Pule activities. I release Muaisa Hale Pule and all persons participating in any first aid or medical treatment from all liability for any such actions unless they are grossly negligent.

9. HEALTHCARE: I certify that I am physically fit, that I take full responsibility for my own healthcare treatment and costs, that any and all statements I have made in conjunction with any forms I have submitted in relation to my participation with Muaisa Hale Pule are accurate and correct to the best of my ability, that no qualified medical professional has advised me not to participate in any of these activities, that there are no physical-, sensory-, mental- or health-related reasons or problems which preclude my participation, and that, in case of emergency, (check one) [] I have current and up to date health and/or travel health insurance coverage which is noted below, or [] I prefer to self-pay.

Insurance Company or "Self-pay": _____ Policy number: _____

In signing these Terms and Conditions and Waiver of Liability Claims, I acknowledge and represent that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; that I am at least eighteen (18) years of age and fully competent; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THESE TERMS AND CONDITIONS AND WAIVER OF LIABILITY CLAIMS. I UNDERSTAND THAT ALONG WITH GAINING THE SPIRITUAL BENEFITS OF MUAISA HALE PULE ACTIVITIES, I ALSO GIVE UP SUBSTANTIAL RIGHTS, AND I DO SO KNOWINGLY AND VOLUNTARILY WITHOUT ANY COERCION OR DURESS. *By voluntarily signing and agreeing to this document, I understand that this is a binding agreement, and that my electronically signing and submitting this agreement legally binds me in the same manner as if I had signed a hard copy form.*

Name (please print) _____

Signature: _____ Date: _____

SUBMIT YOUR 501(c)(3) TAX-DEDUCTIBLE “FRIENDS AND FAMILY” CHARITABLE CONTRIBUTION

***Please be clear in your intent. Muaisa Hale Pule is a church
and does not accept payments in exchange for items or services.***

***Charitable Contributions are governed by Charitable Contributions Tax Law
and are NON-TRANSFERABLE and NON-REFUNDABLE.***



1. Via Zelle:

- Use **Zelle** to send your charitable contribution to **MUAISA** at email address **muaisa@yahoo.com**
- Your monies will transfer from “Zelle personal” (JOANN) to our 501(c)3 account, and we will send you a tax-deductible charitable contribution receipt accordingly.



2. Via Venmo:

- Sign in, or create a **Venmo** account.
 - Find our name and logo on **Venmo** at <https://account.venmo.com/u/muaisa>
 - **Add @muaisa** or **muaisa@yahoo.com** to your Venmo recipient list.
 - Input the **amount** you wish to send.
 - The last four digits of the associated phone # are **7210**.
- If you want to add a note, it is best to **mention just your date(s)**; we will coordinate from there.
 - **Check the details of your transaction**, tap the ‘Pay’ button, and confirm the transaction.



3. Via PayPal.com or PayPal.me

- Use your pre-existing **PayPal.com** account, and send money via “Friends and Family” to **muaisahalepule@yahoo.com**
 - Otherwise, go to www.paypal.me/giftingfund and log in or sign-up for a **PayPal.me** account.
 - Click on **Send** and enter the amount you are sending.
- If the screen says “Paying for an item or service,” click **Change** and select **“Sending to a Friend.”**

 Paying for an item or service

Change →


Sending to a friend

No fee to use bank or balance to send to friends and family in the U.S.

WARNING: If you send us money via “Goods & Services” rather than “Friends & Family,” we will have to refund the transaction and start all over again, leaving you with the possibility of paying an extra 4.5% in PayPal transaction fees on the refunded payment.

4. *Via Bank Wire Transfer:*

A bank-to-bank wire transfer is an electronic payment you initiate either through your online bank account, or in person at your local bank branch or financial institution. Transfer fees vary from bank to bank and can range from ZERO to as much as \$50 US,

Be sure to allow for a minimum of 5-7 days advanced planning for processing.

International bank transfers may take a week to 10 days to complete.

Below is the required information that you will generally need for a bank transfer.



Routing Number for Domestic Wires

121301028

International Wires (SWIFT Code)

BOHIUS77

Receiving Bank

Bank of Hawaii / Kealakekua Branch

Receiving Bank Address

81-6638 Hawaii Belt Rd, Kealakekua, HI 96750

Receiving Bank Phone

+1-808-322-9377

Recipient / Beneficiary Name

New Haven Native American Church, Inc.

Recipient / Beneficiary Address

81-990 Haleki'i St #2334, Kealakekua, HI 96750

Recipient Account Number

0083-470844

5. *In Person at any Bank of Hawaii:*

If you are physically in Hawaii at the time of making your charitable contribution, you can walk into the lobby during business hours at any Bank of Hawaii location – on any of the islands – and use cash, a credit card, or any other method of transaction to make a deposit via a teller window. Just show the teller the account information above and you'll be good to go.





The Internet can be a hostile place, and not all guests who have visited us are saints. No matter what your field of interest, the potential for opposing reviews seems to come with the territory. Meanwhile, a classically unhealed individual can find offense in pretty much everything another person or organization does.

In this regard, due in part to the growing popularity of shamanism over the past number of years, Muaisa Hale Pule has become the online target of one emotionally-destabilized person who came to volunteer for us in 2015. Within a matter of days of his being on property, this man became violent, threatened Dr. ZZ, and was asked to leave.

Ever since then, this individual (“clicheburner”) has obsessed on stalking and bullying us online at every opportunity. Assisted by his girlfriend (‘clearriverofspirit’), a person whom we have never met, he impersonates us, posts harassing videos and fraudulent reviews of us, references back and forth between these fraudulent reviews to promote his hogwash, and uses free iPhone software to spoof our Caller ID and misrepresent himself as us in a campaign of telephoning random, potential guests in the shamanic and sacred plant ceremony communities, spewing offensive language.

We have been granted a Protective Order by the District Court of the Third Circuit in Hawaii against this person. When infractions of the nature described take place across State lines involving the Internet, however, there is little that either local law enforcement and/or the FCC can do -- or are willing to do -- to curtail or prevent the perpetrator’s using the Internet to bully and harrass.

This is nothing to worry about when you are here. For fear of prosecution, the subject individual ***will not be returning*** to Hawaii or to Muaisa Hale Pule.

Rather, this is to ask that you be extremely cautious of all third party videos and defamatory reviews you may find of us ***online***, and to double check any questionable claims and/or one-star litanies you may see or phone calls you may receive from a Caller ID that displays our name and phone number. The only legitimate person making telephone calls from our phone number is Dr. ZZ, and she makes a practice of not telephoning anyone who doesn't first contact us requesting information.

Kindly report to us any suspicious websites or reviews you come across that target us and/or any suspicious phone calls you may receive from someone claiming to be us. If you are unsure what to make of information along these lines, please call or text us at +1-808-640-7210 for verification.

POST, EMAIL, WEBSITE AND TELEPHONE CONTACT



Post: Muaisa Hale Pule
81-990 Halekii St. #2334, Kealakekua, HI 96750

Email: muaisa@yahoo.com

Website: www.muaisa.org

Cell: +1 808 640 7210

We look forward to having you join us!