MUAISA HALE PULE
"HAWAIAKA" SACRED PLANT USE CONSENT/WAIVER

tel. 1-808-323-3238 | www.muaisa.org
email: muaisa@yahoo.com

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AT BOTTOM OF DOCUMENT

I, the undersigned, acknowledge that participating in one or more "Hawaiaka" Sacred Plant Ceremonies 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") 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% natural, 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, hypnogogic 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 within the consecrated space until instructed that it is okay to leave. ***I agree to consume 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 my consumption of these ancient sacred plants may be physically, mentally, emotionally and/or spiritually demanding, and that I may experience dizziness, nausea, headaches or other physical pain or upset, including vomiting and/or diarrhea. I also understand that my experience will be unique to me based on my personal level of receptivity, and I take full responsibility for the fact that it may not conform to my expectation of what might happen based on what I have read, heard, or experienced elsewhere. Every time, every ceremony, every person is different.

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 “Ceremony Guidelines” which include proper dietary suggestions 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 (EXCEPT IN CASE OF EMERGENCY) WILL I LEAVE CEREMONY EARLY, NOR WILL I ATTEMPT TO DRIVE ANY MOTOR VEHICLE UNLESS AND UNTIL I HAVE BEEN CLEARED BY SHAMAN 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 accept that Chief ‘Golden Feather’ and Dr. ZZ are shamans (i.e., ministers), and that any services offered by them constitute the practice of their religion; 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 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 that expose users to the risks of abuse, addiction and dependence. 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.

• **ACKNOWLEDGEMENTS**

I understand that there can be no late arrivals to any of the ceremonies. If something happens to prevent me from arriving on time; I will be refused entry and will be invited to reschedule for a later date. 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 a later date. If I cancel due to serious illness or family emergency, I may petition the Board of Officers to review the specifics of my case individually.

Initial: _____ Date: _____

I acknowledge that I have received a copy of the FREQUENTLY ASKED QUESTIONS (FAQ) and CEREMONY GUIDELINES, that I have read them, and that 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, mental, emotional or moral injury, damage, toxicity or losses, either to myself or caused to others by me during the ceremony and/or the accompanying introductory and debriefing processes, 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..

- **REFUND POLICY**

Muaisa Hale Pule is an officially recognized 501(c)(3) Chapter of New Haven Native American Church (NHNAC). Under charitable gift tax laws which govern all churches and non-profit 501(3)(c) organizations, one-time charitable contributions made to Muaisa Hale Pule are ***not subscriptions nor purchases*** in exchange for goods or services. Rather, all charitable contributions are free-will gifts for intangible, spiritual benefits only and are non-transferable and ***non-refundable.***

I HAVE READ, I UNDERSTAND, AND I HAVE TAKEN THE TIME TO CONSIDER THIS AGREEMENT IN ITS ENTIRETY. *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 non-electronic form.*

Name (please print) _____

Signature: _____ Date:_____