



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



**Complete & send to: [muaisa@yahoo.com](mailto:muaisa@yahoo.com)  
with Selfie headshot + Photo ID + Waiver + Donation**

**Advanced planning is required. Please complete this process BEFORE BOOKING AIRFARE**

Aloha! How wonderful that you are moving towards joining us for one or more of our Indigenous Hawaiian Sacred Plant Ceremonies. The intention of this form is to help us establish a brief 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 one year.

Muaisa Hale Pule is a church with neither walls nor religious dogma. ***In exchange for meeting certain charitable contribution thresholds, guests are granted the intangible spiritual benefit of participating in our programs and ceremonies***, all of which are offered at no charge or admission fee as none are sold in commercial transactions outside the donative context. As 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 non-transferable, non-refundable, charitable contributions. 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: \_\_\_ (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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Are you seeking (check only one):  insight  life transformation  mind-altering experience

4. People often show up for their first Sacred Plant Ceremony (sometimes for their first 6 - 8 ceremonies) with resistance and control issues, blockages that prevent them from being able to get out of their heads and into their hearts where the sacred plants do their work, where all the “feelings” and “effects” of the ceremony become available. This is as true with our brew as it is with Ayahuasca, Salvia, Iboga, Psilocybin, San Pedro, LSD and various other psychedelics.

- a. Kindly share what practices, approaches and/or disciplines -- if any -- you have participated in previously for assisting yourself now with the deep-inner ecology of self-awareness, ego-dissolution, spiritual connection, opening your heart, overcoming self-defeating traits and the like. Either list each involvement and your dates of participation (ex., fasting, pilgrimages, psychotherapy, Zen philosophy, self-help workshops, heart-centered meditation), or else check the “no previous inner work” box at the bottom.

Practice	:	Dates:
<input type="checkbox"/>	_____	_____ - _____
<input type="checkbox"/>	_____	_____ - _____
<input type="checkbox"/>	_____	_____ - _____
<input type="checkbox"/>	_____	_____ - _____
<input type="checkbox"/>	_____	_____ - _____
<input type="checkbox"/>	I have done no previous inner work and am prepared to participate without expectation	

- b. 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.

Event::	Dates:
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Ceremonies are held every Sunday evening when two or more people commit to participate. They start at dusk and last until approximately midnight. You may also couple a ceremony with a 2.5-hour private session with Shaman, a 3-hour Art Awakening, or with an all-day mystic tour/eco-adventure.

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

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 + 2.5-hr private  Aura Reading or  Sacred Spirit Animal Session with Shaman for cultivating a deeper understanding of your own inner self. (M - F date): \_\_\_\_\_
- Add a 3-hr "Art Awakening" to assist in processing any of the above. (M - F date): \_\_\_\_\_
- Add an all-day Eco-adventure/Mystic Tour to the plans above (M - F date): \_\_\_\_\_
- List any/all alternative date(s) for which you may also be available: \_\_\_\_\_

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**PLEASE BE DISCREET WITH THIS INFORMATION, AND DO NOT SHARE IT  
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,
- Pregnant or breastfeeding,
- Suffering from depression or bipolar disorder,
- 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

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.

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**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**

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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.

8. 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 Epilepsy
- Yes No Asthma
- Yes No Diabetes (Type 1 or 2)
- Yes No Retinal detachment
- Yes No Recent or current infectious or communicable diseases
- 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

9. 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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

11. 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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12. 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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13. 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.\*\***

<b>Substance:</b>	<b>Frequency:</b>
[ ] _____	_____
[ ] _____	_____
[ ] _____	_____
[ ] _____	_____

14. 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 FREE-WILL GIFTS  
AND NOT IN EXCHANGE FOR GOODS OR SERVICES.**

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**REFUND POLICY:** Services, programs, and ceremonies at Muaisa Hale Pule are *not open to the general public*. Rather, they are offered exclusively as a courtesy to all of our donors who meet specific, charitable contribution thresholds.

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, charitable contributions made to our just cause are non-transferable, **non-refundable** and are not in exchange for goods or services. **This is not a purchase.** All charitable contributions are gifts in exchange for intangible, spiritual benefits only.

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.

**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. Take an in-the-moment head and shoulders selfie especially for this purpose -- nothing from your files, please -- with eyes exposed (no glasses), looking directly at the camera lens.
3. Email to [muaisa@yahoo.com](mailto:muaisa@yahoo.com) a scan of (a) your **completed application form** along with (b) **your signed waiver form**, (c) your head and shoulder **selfie** and (d) **a scan of your State or Federal photo ID** (ex., passport, driver's license, etc.);
4. If you haven't yet met the charitable contribution threshold for participation in ceremony, you may contribute via Venmo, PayPal, or bank wire transfer via any of the options on the next page.
5. **Wait list charitable contributions will be held in abeyance** and automatically accepted as 501(c)3 donations only after space clears and we can assure you of placement. Should space not become available, we will refuse your charitable contribution\* and **return all funds to you in full.**

**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, that my charitable contribution is not a payment for goods or services, that I am purchasing nothing, 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: \_\_\_\_\_

# SUBMIT YOUR 501(c)(3) TAX-DEDUCTIBLE CHARITABLE CONTRIBUTION

***Please be clear in your intent. Muaisa Hale Pule is a church, does not engage in commerce and cannot accept payments in exchange for an item or service. If using Venmo or PayPal, you must AVOID paying us for "GOODS OR SERVICES."***

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




## 1. Via the Venmo App:

- Open the **Venmo** app on your mobile device.
  - Log-in and select the **Payment** icon at the top right of your screen.
  - **Add @muaisa** or **muaisa@yahoo.com** to your Venmo recipient list.
  - Input the **amount** you want to send..
- If you have not yet completed Venmo identity verification, you will be restricted to a weekly sending limit of \$299.99.
- The last four digits of the associated phone #, if you need them, are **7210**.
- Add a note if you care to, and check that you are sending money from your desired account. • All **credit card** transactions will be charged 3.5% surcharge; using your Venmo balance is free.
- **Check the details of your transaction carefully**, and submit by tapping the **'Pay'** button.
- **Confirm** the transaction.



## 2. Via [www.paypal.me/giftingfund](http://www.paypal.me/giftingfund)

- Go to **www.paypal.me/giftingfund** on your phone or computer
- Click on **Send**
- Log in or sign-up for a **PayPal** account.
- Enter the amount you want to send
- If the screen says "Paying for an item or service," click **Change**
- 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.

- There is no PayPal fee when you use your bank or PayPal balance
- Select how you want to send and review all information
- **Check the details of your transaction carefully**, and click **Send Payment Now**

### *3. 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 3 - 5 days advanced planning for processing.***

International bank transfers may take even longer 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**

Oklevueha Native American Church of Missouri, Inc.

**Recipient / Beneficiary Address**

PO Box 2334, Kealakekua, HI 96750

**Recipient Account Number**

0083-470844

***Muaise Hale Pule grants participation in its programs and ceremonies at no charge to donors who have met certain 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 charitable contribution(s) meet(s) the corresponding charitable contribution threshold.***





Due in part to the growing popularity of shamanism over the past few years, Muaisa Hale Pule has been targeted by an emotionally-destabilized individual who came to volunteer for us in 2015. Within a matter of days of his being on property, he became violent and was asked to leave.

Ever since then, this person has obsessed on stalking and bullying us online. Assisted by his girlfriend ('clearriverofspirit'), whom we have never met, he impersonates us, posts harassing videos and fraudulent reviews of us, references back and forth between these various 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.

Although we have been granted a Protective Order, issued by the District Court of the Third Circuit in Hawaii against this person, when infractions of this nature take place across State lines and involve the Internet, there is little that either local law enforcement and/or the FCC can do -- or are willing to do --to curtail or prevent this from occurring.

Please be extremely cautious of all third party videos and defamatory reviews you may find of us online, and double check any questionable claims and/or one-star litanies you read 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 using our name and/or any suspicious phone calls you may receive from someone claiming to be us. If you are not sure, please call us immediately at +1-808-323-3238.



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

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

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 having you join us!*