

IN-TAKE FORM



** All information disclosed in this form is strictly confidential. It is imperative that you be **completely honest** in your answers, as lying or foregoing information can be potentially dangerous. The ceremony is a judgment free space. It is only for your deepest healing and safety that the facilitator(s) know your medical history.*

**** DISCLAIMER: Please note that none of our ceremonial offerings constitute any form of medical practice. Kambo is not a 'medicine' as defined by western standards or recognition. Kambo is a shamanic ritual ceremony from the Amazon Rainforest – it is not a medical treatment. Participants who are interested in sitting in this ritual are advised to do further research and discuss the potential benefits and dangers of Kambo with their primary care physician to determine if this could be an effective and appropriate experience.**

Name: _____ DOB: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alt Phone: _____

Do you have previous experience with Kambo? Y / N

Date: _____ Effects / Experience: _____

Do you have previous experience with any other Shamanic Medicines? Y / N

Please Specify: _____

Do you have any known allergies (nuts, shellfish, other foods, insect stings, plants/herbs, medications, etc.)? Y / N

Please Specify: _____

Do any of the above allergies require administration of an Epi pen? Y / N

Are you currently taking any prescribed medication(s)? Y / N

Please Specify: _____

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Are you currently taking any over-the-counter medication(s) or supplements? Y / N

Please Specify: _____

Are you currently receiving professional treatment for any medical or psychological condition(s)? Y / N

Do you have any known medical conditions or chronic illnesses? Y / N

Please Specify: _____

Do you, or have you ever, suffered psychological or psychiatric illness? Y / N

Please Specify: _____

Have you had surgery, or an operation of any kind recently? Y / N

Please Specify: _____

Do you have any history of cardiovascular problems? Y / N

If yes, please specify: _____

Have you ever experienced seizures or been diagnosed with epilepsy? Y / N

If yes, are you on medication? Y / N

Please Specify: _____

Do you use recreational drugs or stimulants of any kind? Y / N

Do you drink alcohol (regularly or otherwise)? Y / N

Do you agree to discontinue use for at least 72 hours before ceremony? Y / N

Do you have any history of addiction (drug, alcohol, behavioral, etc.)? Y / N

Please Specify: _____

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Do you have any fears or phobias? Y / N

Please Specify: _____

Are you aware of any emotional trauma(s) that may surface during the course of the ceremony? Y / N

Specify, if you wish: _____

Are you currently aware of any energy blockages that may surface during the course of ceremony? Y / N

Please Specify: _____

If yes to any of the above, have you dealt with this issue previously? Y / N Were you successful? Y / N

Please Specify: _____

If yes to any of the above, is there anything specific the facilitator(s) should know to help this energy purge more readily? Y / N

Please Specify: _____

Is there anything about your physical/mental/emotional/spiritual state that the facilitator(s) should know? Y / N

Please Specify: _____

Is there anything else you feel lead to share? _____

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Kambo is very when taken properly under the supervision and administration of a properly trained facilitator. However, certain health conditions prevent some people from taking Kambo, while some situations require special precautions. Please read the following lists carefully, and discuss any and all questions with both your facilitator(s) as well as your primary care physician.

Contraindications - Kambo CANNOT be safely used with any of the following conditions / medications:

- Pregnant
- Breastfeeding
- History of stroke, aneurism, or brain hemorrhage
- History of blood clots
- Low blood pressure (even with medication)
- Chemotherapy or radiotherapy – and for 6 weeks after ending treatment
- Immuno-suppressants
- Diuretics
- Organ transplant
- Addison's disease
- Severe epilepsy

Considerations* - Certain situations may require special attention before, during, or after ceremony, and MAY (at the facilitator's discretion) preclude you from ceremony under certain conditions, including:

- *Autoimmune disorders*
- *Severe allergies*
- *Serotonin, sleep, or metabolic supplements or suppressants*
- *Active addiction*
- *Recent surgery (6-9 months)*
- *Asthma*
- *Active drug / alcohol addiction*
- *Recent fasting*
- *Recent detox (e.g., colonic, enema, liver flush, etc.)*
- *Asthma*
- *Certain viral conditions*
- *History of anorexia / Bulimia*
- *Recent Bufo or plant medicine ceremonies*
- *Certain chronic health problems*
- *Certain fertility treatments*
- *Recently stopped taking medication of any kind*

Please Note: the above considerations do not automatically disqualify you from receiving Kambo, but **MUST be discussed with the facilitator prior to ceremony to ensure your health and safety.*

Indemnity and Release of Liability

By initialing below I hereby confirm and attest:

- _____ I have fully understand all information provided about Kambo, it's uses, effects, contraindications, and proper preparation.
- _____ I understand that the general process, experience, and various results of Kambo vary from person to person, and no specific results are guaranteed.
- _____ I understand the pre-ceremony dietary restrictions, and agree to abide by said restrictions to the best of my ability for a minimum of 48 hours, though I am aware 72 hours or longer is most beneficial.
- _____ I acknowledge and agree upon the discontinuation of all **non-essential** medication at least 48 hours prior to ceremony.
- _____ I acknowledge and agree upon the discontinuation of all recreational drugs and alcohol at least 72 hours prior to ceremony.
- _____ I understand that the facilitator(s) reserve the right to deny my participation if they deem that it would be unsafe for myself or others, or for any other important reason. I agree to listen and follow all instruction given by the facilitator(s).
- _____ I understand that, although my participation in ceremony is voluntary, I agree to remain until the closing of any ceremony in which I choose to participate once I begin.
- _____ I understand that the ceremony in which I choose to participate may be physically, mentally, emotionally, and/or spiritual demanding. I understand that some bodily functions may be temporarily affected as a result of the medicine taking effect within my body. I understand that this "purging" is a natural occurrence, and that I am acceptably comfortable with the likelihood of such processes including but not limited to dizziness, nausea, vomiting, diarrhea, uncomfortable physical sensations, temporary "blindness", fainting, or any other manifestation of energetic shifts that may arise during my use of Kambo. I accept full responsibility for anything that may occur including emotional disturbance, mental disorientation, and any and all possible manifestation of physical, emotional, and mental changes. I acknowledge that the risks and potential benefits of my participation have been explained to me and I freely choose to enter the process, accepting fully responsibility for whatever may occur, anticipated or unanticipated.
- _____ I have read and understand all of the contraindications and considerations for safely using Kambo. I confirm and agree that I have answered all questions completely and honestly, and have not withheld any information. To the best of my knowledge, as far as I am aware, my general health is appropriate for receiving Kambo. And I assume sole responsibility for my own health and for the results of any ceremony in which I choose to participate.

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- _____ I understand that, while relatively safe, there are 2 known Kambo-related deaths to date attributed to the above listed contraindications and considerations. I fully understand the necessity of disclosing my full medical and psychological history before ceremony, and voluntarily assume any and all related risks.
- _____ I agree to inform the facilitator(s) of any change(s) in my health and medical condition prior to participating in ceremony. I understand and agree that there shall be no liability on the facilitator's part should I neglect to do so.
- _____ I understand that the services offered are not a substitute for medical care, and that ceremony will not replace conventional medical diagnosis or treatment.
- _____ I understand that the facilitator(s) do not treat, prescribe for, or diagnose any illness, disease, disorder, injury, or condition, either mental or physical. I understand and acknowledge that nothing said or done by the facilitator should be construed as such. I agree that the facilitator(s) is not attempting to practice medicine, psychiatry, psychology, or any other profession requiring a license.
- _____ I hereby acknowledge and voluntarily assume the full risks of any physical or other injury, death, damage or losses, either to myself or caused to others by me during any Ceremony organized by or held on the property of the facilitator(s). I hereby waive the liability of and agree to hold harmless Mark and Debra Meehl and the Meehl Foundation, including all of its founders, officers, members, associates, employees, agents, staff, family, successors, volunteers, and facilitators, as well as any and all property owners where the Ceremony occurs, and all other participants. I further agree to defend and indemnify them from any claims, suits or demands. I understand that this agreement is binding upon me, my spouse, parents, family, heirs, executors, administrators, agents, and assignees.
- _____ I willingly and voluntarily consent to participate in a standard Kambo ceremony, and receive the medicine of my own free will with full consideration of the above information.

By signing below, I affirm that everything listed in the document is complete, true, and accurate to the best of my knowledge. I certify that I have read and understand the meaning and intent of this agreement and that I am entering it knowingly and voluntarily. I hereby release The Meehl Foundation Spiritual Retreat Center, its owners and facilitators from all legal liability during my participation in ceremony. And that all information receive by me from the facilitator(s) is accepted with full knowledge that any action taken by me as a result of the information receive is my complete and sole responsibility.

Participant Signature: _____

Date: _____

Printed Name: _____