



SANTO DAIME | Visitor Information

Name (please print) _____

Address _____

City

State

Zip

Phone _____

Email _____

Emergency Contact _____ Relationship _____

Phone _____

Is there anything about your physical or emotional status we should be aware of?

SANTO DAIME | Consent & Waiver

I voluntarily consent to drinking Santo Daime tea, which is a form of a traditional indigenous medicine from the Amazon known as Ayahuasca. I understand that:

- The work is a religious ceremony
- The Church makes no claim or promise regarding the curing of any medical or psychological condition
- It is my personal responsibility to determine whether it is safe for me to consume Santo Daime tea
- While the Church and its representatives may have offered their suggestions or experience in an effort to help me evaluate my situation, it is my responsibility to determine whether it is safe for me to consume Santo Daime tea. I have been advised

to consult my own physician concerning my personal health and medications I am taking regarding any possible contraindications for my drinking Santo Daime tea.

I accept that Casa da Calma makes no claim or promise about the curing of illness of any kind or about the nature of any spiritual experience which I understand is entirely personal.

I understand that my participation in the Santo Daime Ceremony may be physically, mentally, emotionally or spiritually demanding. I understand that I may experience dizziness, nausea or other physical upsets including vomiting and diarrhea. **I agree to remain at the ceremony to its completion.**

I accept full responsibility for anything that may occur including emotional disturbance, mental disorientation and any and all possible manifestations 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 this process, accepting full responsibility for whatever may occur, whether anticipated or unanticipated.

I understand I may be physically or mentally exhausted and/or disoriented after the work, and I acknowledge that it is my responsibility to arrange safe transportation at the conclusion of the work.

I hereby knowingly and voluntarily assume the full risks of any physical or moral injury, damage or losses, either to myself or caused to others by me during the Santo Daime Work. I hereby waive the liability of and agree to hold harmless, Casa da Calma, and all of its founders, members, associates, employees, agents, staff, family, successors, volunteers and other participants. I further agree to defend and indemnify them from any claims, suits and demands. This agreement is binding upon myself, my spouse, parents, family, heirs, executors, administrators, agents and assigns.

I understand that this is a binding legal document and that by signing it I give up my rights to seek compensation for any damages I may suffer from my participation in the work. I agree that each and every provision of this agreement is independent of any other provision and may be enforced even if other provisions are not enforceable.

So that I do not have to complete this form at other works, I agree that this Consent and Release shall apply to any Santo Daime work that I may attend in the future at Casa da Calma.

I have read, understand and taken time to consider this waiver, and have had time to reflect upon it. I sign this agreement voluntarily.

Name (please print) _____

Signature _____

Date _____