

INFORMED CONSENT &

WAIVER OF LIABILITY

For Sacred Ayahuasca Ceremony

Santos & The Crystal Visions

This is a legally binding document. Please read it in full before signing.

You are free to have independent legal counsel review this agreement before you sign it.

Welcome

Welcome to Santos & The Crystal Visions. We are deeply invested in your wellbeing. As such, we always seek to provide the safest and most enjoyable experience possible to our participants.

Please read the following document carefully, as it describes the risks associated with the programs that we offer, and sets forth the legal terms of your participation. If there is any part of this document that you do not understand, please inform a Santos & The Crystal Visions team member before initiating your program.

Part I — Informed Consent: Understanding Ayahuasca

Ayahuasca is an herbal combination of two plants, *Banisteriopsis caapi* and *Psychotria viridis*. It is generally considered a safe herbal combination to ingest under the guidance of an experienced ayahuascero, and there have historically been very few reported incidents of illness or toxicity related to its ingestion. However, all psychoactive herbal medicines carry some degree of risk.

Please review the following risks:

- **MAOI interactions.** Some constituents of *Banisteriopsis caapi* act as monoamine oxidase inhibitors (MAOIs). MAOIs can have dangerous interactions with several substances, including but not limited to antidepressants, narcotics, MDMA (ecstasy), Methylene Blue, asthma medications, seizure medications, and many over-the-counter cold and congestion medications, as well as supplements such as St. John's Wort, L-tryptophan, and SAM-E.
- **Tyramine and hypertensive crisis.** MAOIs inhibit the breakdown of tyramine. If allowed to build up, tyramine can cause a dangerous spike in blood pressure known as a hypertensive crisis. For this reason, high-tyramine foods should be avoided while ingesting ayahuasca, including aged cheeses, cured or smoked meats, sauerkraut, pickles, dried or overripe fruit, alcoholic beverages, soy products, and yeast spreads such as Marmite or Vegemite. Signs of hypertensive crisis include severe headache, chest pain, shortness of breath, and seizures — if you experience any of these symptoms, alert a team member immediately.
- **Allergic reaction.** While allergy to *Banisteriopsis caapi* and *Psychotria viridis* is rare, any plant substance could theoretically trigger an allergic response, such as tightness in the chest, shortness of breath, rash, flushing, or diarrhea. Alert a team member immediately if this occurs.

- Increased risk with heart or liver conditions. The risk of an adverse reaction to Banisteriopsis caapi and Psychotria viridis is increased in individuals with heart or liver illness.
- Nausea and vomiting. It is common to experience nausea and vomiting during the early stages of ceremony. This is a normal and often positive part of the experience — it prevents the psychoactive constituents from reaching toxic levels, and has traditionally been considered part of the ritual of purification and release.
- Psychoactive and emotional effects. Ayahuasca has psychoactive properties. Participants commonly experience altered visual, tactile, and auditory sensations, euphoria, emotional release, sudden shifts in mood, the return of past memories, and significant personal introspection. While often positive, these experiences may at times feel frightening or unpleasant. If you become overwhelmed, please let a team member know.

VOLUNTARY PARTICIPATION. I understand that my participation in this ceremony is voluntary and that plant medicine involves personal exploration and may induce deep physical, emotional, and psychological experiences.

NO MEDICAL ADVICE. I understand that Danny Santos and the facilitators of Santos & The Crystal Visions are not licensed medical professionals, and that any substances administered during ceremony are not regulated by any government agency. No medical advice, diagnosis, or treatment is provided, and I should consult my own healthcare provider before participating.

Part II — Participant Acknowledgments

Please review and check each acknowledgment below.

- ☐ I understand that Banisteriopsis caapi and Psychotria viridis are MAO inhibitors, and that they should not be consumed while taking antidepressants, narcotics, MDMA, Methylene Blue, asthma medications, seizure medications, cold and congestion medications, St. John's Wort, L-tryptophan, or SAM-E.
- ☐ I understand that while taking ayahuasca, I should avoid foods that are high in tyramine.
- ☐ I understand that while allergic reactions to Banisteriopsis caapi and Psychotria viridis are rare, any plant can potentially trigger an allergic reaction, and I will immediately alert a Santos & The Crystal Visions team member if I experience symptoms such as tightness in the chest, shortness of breath, rash, flushing, or diarrhea.
- ☐ I understand that I am likely to experience nausea and vomiting after ingesting ayahuasca, and that this is a normal part of the experience that actually helps prevent toxicity.
- ☐ I understand that, while toxicity or injury from ingesting ayahuasca is rare, my risk increases if I have heart or liver disease.
- ☐ I understand that I may experience alterations in my senses, emotional release, or potentially difficult personal introspection.
- ☐ I affirm that I am physically and mentally fit to participate in this ceremony and have not been advised otherwise by a qualified medical professional. I agree that I have disclosed any current or prior medical conditions and any medications I am taking to Santos & The Crystal Visions.

☐ I authorize Santos & The Crystal Visions to provide emergency first aid to me, and to authorize emergency medical treatment on my behalf should I be unable to consent for myself.

☐ I understand that if I pose a danger to myself and/or others, members of the Santos & The Crystal Visions team may use physical force to stop me from hurting myself or others. Force may also be used to stop me from leaving the ceremony site or operating a vehicle while under the influence of ayahuasca.

☐ I affirm that I am solely responsible for my own actions and for my own physical, mental, and emotional wellbeing during and after participation, and I agree not to hold Santos & The Crystal Visions liable for outcomes resulting directly or indirectly from my participation.

☐ I understand that privacy is to be respected by all parties, and I agree to maintain the confidentiality of other participants in the ceremony.

Consent to Photographic & Video Images

Santos & The Crystal Visions may take photographs or video recordings at designated times outside of ceremony space for archival, promotional, and educational purposes, consistent with the confidentiality and consent standards described in our Church Handbook and Code of Conduct. Ceremony space itself is treated as private and recording-free unless separately and specifically authorized.

☐ I consent ☐ I do NOT consent to Santos & The Crystal Visions using photographs and/or video in which I may appear for archival, promotional, and educational purposes.

Part III — Assumption of Risk, Release & Indemnification

In exchange for participation in the Sacred Ceremony organized by Santos & The Crystal Visions, and/or use of the property, facilities, and services of Santos & The Crystal Visions, I agree for myself and, if applicable, for the members of my family, to the following:

AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Santos & The Crystal Visions or its employees, volunteers, representatives, or agents.

ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above-described activity, and I assume full responsibility for personal injury to myself and, if applicable, my family members. I further release and discharge Santos & The Crystal Visions from injury, loss, or damage arising out of my or my family's use of or presence upon its facilities, whether caused by the fault of myself, my family, Santos & The Crystal Visions, or other third parties.

INDEMNIFICATION. I agree to indemnify and defend Santos & The Crystal Visions against all claims, causes of action, damages, judgments, costs, or expenses — including attorney fees and other litigation costs — which may in any way arise from my or my family's use of or presence upon the facilities of Santos & The Crystal Visions, or from my participation in this or any future ceremony.

PERSONAL RESPONSIBILITY AND FITNESS TO PARTICIPATE. I declare that I am physically and mentally fit to participate in this ceremony and have not been advised otherwise by a qualified medical professional. I affirm that I am solely responsible for my own actions and for my own physical, mental, and emotional wellbeing during and after participation.

FEES. I agree to pay for any damages to the facilities of Santos & The Crystal Visions caused by any negligent, reckless, or willful actions by me or my family.

APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Michigan state law.

NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further acknowledge that I am free to have my own legal counsel review this Agreement if I so desire, and that Santos & The Crystal Visions has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of an arm's-length negotiation between the parties. In the event any ambiguity is found to exist in the interpretation of this Agreement or any of its provisions, the parties explicitly reject the application of any legal or equitable rule of interpretation that would construe the Agreement "for" or "against" a particular party based on their status as the drafter of a specific term, language, or provision.

ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiation. If the matter is not resolved by negotiation, any controversies or disputes will be submitted to mediation in accordance with applicable statutory rules of mediation. If mediation is unavailable or unsuccessful in resolving the entire dispute, any outstanding issues will be submitted to final and binding arbitration under the rules of the American Arbitration Association. The arbitrator's award will be final, and judgment may be entered upon it by any court having proper jurisdiction.

Part IV — Medical & Substance Attestations

Please answer True or False to each statement below and add any relevant comments.

1. I attest that I am not currently under the influence of, nor have taken, recreational drugs and/or alcohol in the last three days.

☐ True ☐ False

Comments:

2. I attest that I have not taken any medication in the last 24 hours that has a contraindication with MAOIs. If continuing any medication, please state it in the comments below.

☐ True ☐ False

Comments:

3. I attest that I do NOT have a medical history of schizophrenia, psychosis, or bipolar disorder.

☐ True ☐ False

Comments:

4. I attest that I do NOT have a history of seizures or epilepsy.

☐ True ☐ False

Comments:

5. I attest that I do NOT have a known medical history of cardiac illness.

☐ True ☐ False

Comments:

6. I attest that I do NOT have a known medical history of liver disease.

☐ True ☐ False

Comments:

7. I attest that I have disclosed any current or prior medical conditions to Santos & The Crystal Visions.

☐ True ☐ False

Comments:

Part V — Emergency Contact

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

Additional comments you would like noted on this form:

Acknowledgment & Signature

I understand that if I have not understood any aspect of this document, it is my responsibility to request further information from a Santos & The Crystal Visions team member before signing.

Legal Name (and registered name, if different):

Current City and State of Residence:

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature (or legal name to serve as signature): _____

Print Name: _____ Date: _____

This document is a legally binding agreement. It does not replace the Santos & The Crystal Visions Screening Form, a medical evaluation, or independent legal advice. Santos & The Crystal Visions encourages every participant to review this document carefully and consult independent legal or medical counsel before signing.