

# Spirit of the Phoenix Church

## WAIVER OF LIABILITY AND RELEASE

**IN CONSIDERATION OF** the risk of injury that exists while participating in the Sacred Ceremony facilitated by \_\_\_\_\_ (hereinafter the “Activity”); and,

**IN CONSIDERATION OF** my desire to participate in said Activity and being given the right to participate in same;

**I HEREBY**, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, “Releasor,” “I” or “me”), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

**I HEREBY** release and forever discharge \_\_\_\_\_, a \_\_\_\_\_ non-profit church, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively, “Releasees”), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK, I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.**

**I FURTHER AGREE** to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs.

**I FURTHER ACKNOWLEDGE** that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize \_\_\_\_\_ to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AED’s, emergency medical transport, and sharing of all medical information

with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I FURTHER ACKNOWLEDGE** that this activity may involve a test of a person’s physical and mental limits and may carry with it the potential for death or serious injury. I agree not to participate I the Activity unless I am medically able and I agree to abide by the decision of the \_\_\_\_\_ official or agent, regarding my approval to participate in the Activity.

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS “WAIVER AND RELEASE” AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELASE AND DISCHARGE \_\_\_\_\_ AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE MIGH HAVE TO BRING A LEGAL ACTION AGAINST \_\_\_\_\_ FOR PERSONAL INJURY.**

**I FURTHER REPRESENT** that I understand the Activity includes the ingestion of natural entheogenic substances, as well as other Amazonian healing plants such as Rape.

\_\_\_\_\_  
**Initials**

**I FUTHER REPRESENT** that I have been provided information regarding the contraindication of natural entheogen with certain medications, including but not limited to SSRI’s. I represent that I have read and fully understand the information that was provided to me. I represent that I am not currently taking any of the medications listed that are contraindicated with natural entheogenic substances, such as those to be consumed as part of the Activity, as defined herein.

\_\_\_\_\_  
**Initials**

**I FURTHER REPRESENT** that I have been provided information regarding the dangers associated with consuming natural entheogenic substances while suffering from certain medical conditions, both physical, and/or mental/psychological in nature. I represent that I have read and fully understand the information that was provided to me. I represent that I am not currently suffering from any of the medical conditions listed.

\_\_\_\_\_  
**Initials**

**I FURTHER REPRESENT THAT I HAVE BEEN ABSOLUTELY TRUTHFUL AND HONEST IN DISCLOSING MY CURRENT MEDICATIONS AND PRIOR AND CURRENT MEDICAL HISTORY AND I UNDERSTAND THAT NOT BEING TRUTHFUL AND HONEST REGARDING SAID ITEMS COULD RESULT IN MY PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY.**

**I FURTHER REPRESENT that I will follow instructions given by the facilitators of the Activity, will not leave the ceremony space until the conclusion of the Activity, and will not disclose the nature of the Activity or the participants in the Activity to any third parties.**

**I FURTHER REPRESENT that I intend to participate in the Activity with the purest of intention of heart, promoting the well-being of all participants.**

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of \_\_\_\_\_, its agents, and employees.

I agree that this Release shall be governed for all purposes by \_\_\_\_\_ law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions or neglect or recklessness.

**THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.**

**THIS AGREEMENT** was entered into at arm's length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant and \_\_\_\_\_ agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for this it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be

invalid and unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

**I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT, I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.**

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_