

Kambo Liability Waiver

By reading and signing this form, I _____ (your name) certify that I have read and understood the “Welcome to Kambo” document sent to me by Iglesia Del Despertar.

Please initial that you have read and understood each of the following:

_____ None of the following contraindications for participating in a Kambo experience apply to me:

- Recent use of diuretics
- Pregnant or breastfeeding mothers with babies under 1 year
- Stroke, aneurysm, brain hemorrhage, blood clots
- Serious heart conditions, including surgeries or an enlarged heart
- Serious wounds externally or internally not yet healed
- Cognitive disorders preventing the understanding of Kambo
- Immunosuppressant medications
- Chemotherapy or radiation treatments or less than 4 weeks prior or 6 months following
- Serious mental health conditions, whether or not on medication or undergoing other treatments, except depression.

_____ None of the following cautions concerning the use of Kambo apply to me OR, I have discussed any of the following cautions that apply to me with my practitioner(s):

- Severe eating disorders
- Menstrual flow, will increase for 24-36 hours
- Alcohol or drugs within 24 hours of Kambo
- Certain Herbal or nootropic (smart drug) supplements
- Asthma (must have an inhaler present)
- Diabetes (fasting exceptions if required)
- Any major acute or chronic illness

_____ I understand that the Kambo experience can be extremely challenging, both mentally and physically.

_____ I choose to have the practitioner(s) constitute my portion of Kambo with (please circle one):

Saliva

Water

I, _____ (your name), hereby release Iglesia Del Despertar of any responsibility relating to my participation in any and all aspects of the Kambo experience, including the optional use of Rapé and Sanaga.

X _____ Date: _____