

# Consent Form

The Client	
Permanent Address	

City		Country	
Passport No		Age	

The ceremony (procedure), taking place consists of the following:

The client has been informed about the risks and side effects to the mentioned and explained ceremony, and they are the following:

The client has also been informed, the likely risks are:

Voluntarily and in full possession of my mental, physical abilities and my understanding, free from coercion or other undue influence and having been duly informed of the procedure, I will proceed to give my informed consent.

Cusco, of		20	
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Responsible for Etnikas		The client	
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## RELEASE OF LIABILITY

The client aforementioned in their signature has requested to participate in the “Ceremony of Ayahuasca”, with Etnikas Organization and their respective representatives, for which they will have signed this Liability and Authorization form, and are in full awareness of the risks of such a ceremony.

### *Release of Liability*

The client understands participation in the “Ceremony of Ayahuasca” might present a risk of injury or harm to the client and agree, this risk is fully borne by the client. In addition, the client hereby releases and agrees to waive liability, from and against any and all damages and claims of any kind, known or unknown, that may be connected, they are the result of, or arising from consideration, preparation, implementation or participation in the aforementioned ceremony. This includes, but is not limited to, claims involving economic loss, illness or medical condition, injury or accidental death.

The client acknowledges having read and understood this Release of Liability. The client agrees this Release of Liability and precisely expressed full understanding and has not been modified orally or in writing.

Signature of the client

### ***Obtaining authorization Medical Information***

The client grants Etnikas permission to obtain all medical information it deems necessary for the fulfillment of the Ayahuasca ceremony.

### ***Publicity Release***

The client understands and agrees the procedure to be submitted, may result in advertising, whether Etnikas has or has not taken active steps to publish the parts of the procedure, essentially exposed customer privacy.

The client authorizes Etnika's to publish and use your name, and other information, whether expressed in photographs, video recordings or any other form (collectively, "Information"), for purposes of promotion, publication, commercial advertising, or any other purpose, whatever it is, now or at any time. In the future the client understands and agrees Etnikas can use any of this information: (1) by all means and in any media, whether it be known now or invented hereafter, including electronic and print media and the Internet; (2) with or without the names of the participants; (3) without payment of royalties or other compensation to anyone; and (4) without the need to notify or seek another approval before doing so.

Initials of parent/guardian if they are authorizing advertising:

The client acknowledges having read and understood the content of the preceding authorization. The client agrees in precisely expressed full understanding and this has not been modified orally or in writing.

Signature of the client