

Pachamama
SACRED PATHS
INFORMED CONSENT

FOR PARTICIPANTS IN SACRED MEDICINE CEREMONIES

The purpose of this document is to provide participants with a clear understanding of the nature of Sacred Medicines and of their role in the sessions.

Relevant Information

This Sacred Medicine session is run by Pachamama Sacred Paths, and its team. The work that is carried out in the session will focus on personal growth and therapeutic self-work by the participants through the ingestion of Sacred Medicines.

Beginning with Ayahuasca

Ayahuasca is an Amazonian decoction of the vine *Banisteriopsis Caapi*, which contains beta carbolines, and either the leaves of the shrub *Psychotria Viridis* (Chacruna) or the leaves and stems of the liana *Diplopterys Cabrerana* (Chaliponga), which are rich sources of DMT, the internationally banned compound that is responsible for the psychoactive effects of ayahuasca and Yage.

For centuries, the indigenous communities of the Amazon basin have been using ayahuasca in their ceremonies to safeguard the health of both the drinker and the community.

Today, ayahuasca is used in many places throughout the world for therapeutic and religio-spiritual purposes and for personal growth, although almost no country officially recognises it as a medicine or therapeutic method. The religious use of ayahuasca by certain churches is legally protected and regulated in Brazil, Holland, Canada and the USA, and in Peru it has cultural heritage status.

According to the Un's 2012 International Narcotics Control Board (INCB) Report, ayahuasca is not under international control, despite containing the control led alkaloid DMT, which is primarily responsible for its effects.

In some countries, ayahuasca is controlled, however, such as in France, USA and Canada. The presence of DMT in ayahuasca makes its legality interpretable by the authorities in different ways, with various ongoing court cases dealing with its import and use. Working with ayahuasca is not a substitute for medical, psychiatric or psychotherapeutic treatment, but can complement a therapeutic process and facilitate personal development. If you are currently receiving treatment of any kind and are not sure about whether to participate in a session, check with your doctor or therapist first.

This form is written based on ICEERS Ayahuasca Good Practice Guide

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The effects produced by ayahuasca may include changes in your perception of reality and way of thinking, visions (of abstract motifs or clearly identifiable images and scenarios), heightened emotions, access to detailed memories that you'd thought forgotten, paranormal phenomena, the emergence of fears or difficult emotions (some of which may be associated with blockages in the body and be causing pain and tension), introspection, and perinatal or transpersonal experiences (in which you may experience your own death and rebirth).

At the physical level, you may experience nausea, vomiting, chills, tingling, ringing in the ears, dizziness, diarrhoea, tremors, sweating, ataxia and, in rare cases, fainting. Sometimes, especially if you have not drunk ayahuasca before, you may not notice any visionary effects. If that happens, it does not mean the ayahuasca is not having an effect on other levels.

The experience is more intense with eyes closed, and the best thing you can do in difficult times is to breathe slowly and deeply, go with the music and have confidence in the process that the ayahuasca is taking you through, and in the person holding the session. The ayahuasca experience is not linear, but rather it passes through different phases, some more pleasant, even euphoric, and others more difficult.

You may temporarily experience the symptoms of mental illness, such as suspicion, paranoia and 'delusions of reference' (e.g. believing the whole world is watching you or that something is happening because of or for you). It is quite normal to have several waves of these feelings during the experience, and they tend to pass quickly. They are feelings that we all have at some time or another in our lives, and although they may be uncomfortable, exposing ourselves to them in this helps us to deal with them.

Remember, support is right there if you need it; just call out. Although scientific studies show that in controlled environments ayahuasca is relatively safe to drink for people without serious physical or psychological problems, there are some cases of it having adverse effects. These tend to be acute, such as a panic attack or psychotic episode with depersonalization, and there are some chronic cases, albeit very rare, in the form of anxiety, depersonalization, delirium or psychosis. The setting and adequate preparation and integration are key to reducing the risks as much as possible. If you agree to participate in this session, you will be required to answer a series of questions and to complete a medical form and questionnaire. You must agree to answer all questions honestly and to disclose any relevant personal information about your health After the session, and periodically over the coming year, you will be contacted and invited to fill out the questionnaire again for the purpose of monitoring and measuring your psychological and physical progress.

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We are responsible for maintaining the confidentiality of any personal information. This includes your name, address, phone number and other information that could identify you.

If you have questions about the session or your integration process over the coming months, feel free to approach the facilitator or any member of the team. Your participation in the sessions is entirely voluntary and you are free to opt out if you wish before the start of the session. However, you must endeavor at all times to follow the instructions of the team and facilitator so that your safety is not jeopardized.

The facilitator's discretion may be used at any time to exclude you from participation in the session for any perceived impairment in your physical or psychological health that risks leading to problems for you during the session, or if for any other reason you do not meet the requirements for participation.

The person administering the ayahuasca knows the ingredients and the strength of the brew and will adjust the dose for each participant on the basis of their age, gender, experience, sensitivity, health status and needs.

The facilitator and his team are committed to protecting your physical and emotional security, integrity and privacy throughout the process, and intend to provide you with the psychological and physical support you need during the preparation phase, the session itself and the period afterwards. We have an emergency protocol and commit to provide any necessary support should the need arise.



Declaration:

I _____, the undersigned, accept the conditions of participating in ayahuasca sessions held by Church Pachamama Sacred Paths, and I declare that I am choosing to participate of my own free will.

I have not been coerced into participating in sessions by the organizers or by any other person; the decision to participate is mine alone, and is based on my own personal assessment of the effects, the exclusion criteria, the potential risks and benefits, the focus of the session and the commitment of the people running it.

I am aware that I am to answer all questions honestly during the screening process and am required to complete questionnaires before and after the session. I agree to provide all the relevant information about my medical history, my mental and physical health and any other information that may serve to protect my health during this process.

I acknowledge that the information I provide to the organizers of this session is strictly confidential and will not be used without my approval for any other purpose than as described in the accompanying document.

The person running the session has explained to me what to expect from the session and how it is intended to proceed. I am aware that I can ask questions about the session at any time and can change my mind about attending at any time before the session begins.

Once the session has started, I commit to not leaving the space without the consent of the person running the session, and I commit to following the instructions at all times, from the preparatory stage through to integration. I understand and agree that I can be excluded from participation in a session at the discretion of the facilitator. I understand that I will receive a copy of this consent form.

.....
Name of Participant

Member Signature

Date

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MEDICAL FORM

FOR PARTICIPANTS IN SACRED MEDICINE CEREMONIES

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____

Emergency Contact Details: Name _____ Phone _____

**Your personal details are confidential*

Information About the Session

Ayahuasca sessions are intended to be personal growth experience and should not be a substitute for psychotherapy, psychotherapy, but rather a complementary therapeutic device. While Ayahuasca can involve intense experiences accompanied by strong emotional and physical It is not recommended for people with cardiovascular problems, serious hypertension, conditions, recent fractures or surgery, acute infectious diseases, epilepsy or active emergencies.

Medical History

Please answer all questions as fully as possible. Your answers are intended to help facilitators and are strictly confidential.

1. Do you currently suffer from or have a family history of any of these ailments?	Yes	No
a) Cardiovascular disease, including heart attack		
b) High Blood Pressure		
c) Psychiatric condition (If yes What Condition):		
d) Recent operation (If Yes What Kind):		
e) Past or current physical injuries, including fractures or dislocations		
f) Infectious or contagious diseases		

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	Yes	No
g) Glaucoma		
h) Displaced Retina		
I) Epilepsy		
j) Osteoporosis		
k) Asthma (<i>If Yes, make sure you bring your inhaler to the session</i>)		
2. Are you pregnant? <i>If Yes, stage of pregnancy</i>	Yes	No
3. Have you been hospitalized in the last 10 years? <i>If Yes, Why?</i>		
4. Have you ever been hospitalized for a psychiatric illness?		
5. Is there anyone in your family with a history of psychiatric disorders?		
6. Are you currently receiving therapy or attending any kind of support group?		
7. Are you taking any medication? <i>If Yes, What Kind?</i>		
8. Is there anything else about your physical or emotional state we should know about?		
9. Have you taken ayahuasca before? <i>If Yes, How many times?</i>		
10. Have you experienced adverse or particularly difficult experiences with ayahuasca that you have found hard to integrate?		
11. Have you experienced adverse or particularly difficult experiences with other psychoactive substances that you have found hard to integrate?		



** If you have answered 'yes' to any of the questions above, it is important to give specific details (if necessary) on this portion of the form. Please, start by specifying the Number and Letter of each applicable article.*

** Should more writing space be needed, the back of a sheet of this document may be used if signed and dated properly.*

**The session organizer should receive this form as part of your registration. We cannot confirm your place at the session until we have received this form.*

Please read and sign the following declaration:

I declare that I have read and understood the information in this medical form. I further declare that I have answered all the above questions fully and honestly and have not withheld any information that I believe could be important.

As far as I am aware, my general health is good.

.....

Name of Participant

_____ **Member Signature**

_____ **Date**

CLICK HERE

