**Anchor the Light Healing Center:**

**Activity Waiver & Release**

**THIS ACTIVITY WAIVER & RELEASE** (this "Agreement") dated:

(MM/DD/YY) BETWEEN:

(the "Participant") **AND** Anchor the Light Healing Center (the “Organizer”)

IN CONSIDERATION OF the covenants and agreements contained in this Agreement and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties to this Agreement agree as follows:

# Consideration

1. Being of lawful age and in consideration of being permitted to participate in the activity described below, having personally reviewed the benefits and potential challenges of ketamine and psilocybin use, the Participant releases and forever discharges the Organizer and the Organizer's spouse, heirs, executors, administrators, legal representatives and assigns from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the activity described below, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Organizer.
2. The Participant understands that the Participant would not be permitted to participate in the activity described below unless the Participant signed this Agreement.

# Details of Activity

The Participant will participate in the following activity: Participation in a retreat at Anchor the Light Healing Center. Participation may include all activities, food, and accommodations as part of the retreat experience while at Anchor of the Light, including but not limited to:

* Partaking in psychedelic healing
* Meditation classes, breathwork and neurofeedback
* Leisure time
* All meals and snacks (Complete an allergens or dietary needs form)
* Accommodations in single or double arrangements, as chosen by guest.

Participation in Preparation/Integration Program with Preparation/Integration Support Team. Participating in this retreat includes supportive calls:

* After Care Follow-up call (20 Mins)
* Preparation call (20 Mins)
* Integration call (20 Mins)
* Choosing a provider from our Online community and resources
* Any additional 1-on-1 services coordinated between the participant/s agree to schedule a wellness coaching session, if additional time and support is needed after the retreat experience.

# Code of Conduct

The Participant agrees to the following rules and stipulations during their stay at the Anchor of the Light location.

# The Golden Rule of “Respect”

1. Respect the medicine and the traditions we work with
2. Respect and follow indications and guidelines given by Anchor of the Light team
3. Respect the healing process of yourself and others in the group
4. Respect the personal boundaries of others in the group
5. Respect that everyone is undergoing their own experience, and deserves to have their own space, peace and quiet

\*\*\**Please do not vocalize your experience or touch other people during ceremony*\*\*\*

1. Respect all guests and staff \*\*\**We have a zero tolerance policy against sexual harassment*\*\*\*
2. Respect that engaging in sexual activity including with the self, as well as married couples is prohibited

*\*\*\*Please note that disregarding any of these will result in being given a warning or being asked to leave at the discretion of a member of the facilitation team without reimbursement.* *\*\*\**

# The Intolerable Offenses

1. Sexual harassment toward other participants and/or staff, including verbal/non-verbal insinuation as well as direct physical contact
2. Behavior that puts your own or others’ safety at risk including carrying travel tools such as

pocket/utility knives

1. Repetitive disruptive behavior inside or outside ceremony that creates discomfort for other participants, or significantly interferes with the healing process of other retreat participants.
2. Leaving ceremony before it is over whether partaking of the brew or not
3. Bringing any form of recording equipment including a mobile phone to ceremony.
4. We have zero tolerance to the use of any substances (with the exception of tobacco), recreational or otherwise without the explicit consent of the Lead facilitator, inclusive of painkillers, anti-diarrhea or any other medication plant or pharmaceutical.
5. Leaving the Anchor of the Light location without prior arrangement (note: prior arrangement needs to be approved by Lead facilitators. The Participant agrees that by participating in any one of these intolerable offenses, they can be sent away without question and without refund at the sole discretion of Anchor of the Light facilitators. The Participant would be responsible for any additional travel fees.

*\*\*\*Please note that disregarding any of these will result in being given a warning or being asked to leave at the discretion of a member of the facilitation team without reimbursement.* *\*\*\**

# INITIALS REQUIRED - Fitness to Participate

1. The Participant acknowledges that the Participant has fully disclosed all known physical limitations, medical ailments, and physical or mental disabilities. If required, the Participant has/will obtain a medical examination and clearance prior to arrival. **Initials:**
2. The Participant agrees not to partake in any other psychoactive substances during their stay, with the exception of tobacco, including but not limited to: prescription medications, recreational drugs, or other plant medicines/psychedelics (unless given explicit consent by their medical provider and documentation was sent to facilitator. **Initials**:
3. The Participant acknowledges that:
   * They are not taking or have not taken any medication (including SSRIs) for the past two weeks, that were not explicitly known and approved during the intake process. **Initials:**
   * They do not have any preexisting heart ailments; and any respiratory ailments (eg. asthma) have been cleared by their medical provider to participate in the retreat **Initials:**
   * They are without any preexisting mental health conditions such as Bipolar Disorder, Schizophrenia, or Psychosis. **Initials:**
   * They are of the understanding that consumption of psychedelic healing could cause different reactions (very rare),but may need medical care. **Initials:**

* They are accepting of all risk for the consumption psychedelic medicines offered at Anchor of the Light Healing Center: I**nitials:**
* They may feel worse (mentally, physically, emotionally) during or after as part of their process working with the experience, hence of the after care requirements **Initials**:
* Anchor of the Light Healing Center cannot accept responsibility for theft or damage to belongings. **Initials:**
* In the unlikely event of a psychotic episode or adverse reaction to psychedelic medicine, Anchor of the Light staff reserves the right to offer care and emergency protocol as is deemed fit by the facilitation team and with the support of the next of kin or the emergency contact, including but not limited to the use of anti-psychotic medication, the ability to retain the guest onsite for monitoring beyond the end of their retreat, and liaising with local emergency medical and hospital facilities. **Initials:**
* To maintain the group container, guests agree to participate in all ceremonies throughout the retreat (whether or not they participate in psychedelic healing). Guests may come to ceremony and not drink the medicine, however, if a participant decides not to participate in ceremony, they will be asked to leave without refund, and agrees to pay for their own transfer. **Initials:**
* The Organizer reserves the right to expel any participant without prior notice, responsibility for a refund, or providing accommodation outside of the retreat center. Should a Participant decide to leave a workshop prematurely, for whatever reason, the Organizer is not responsible for the reimbursement. **Initials:**
* If they have provided incorrect information or obscured details, Participant understands that they may be endangering themselves and others and can be expelled from the retreat without question and without refund at the sole discretion of Anchor of the Light Healing Center staff. **Initials:**
* The Organizer is not responsible for the decision of any guest to stop taking medication or for changing their medication schedule, and accepts no liability for any adverse effects from doing so. The Participant acknowledges that Anchor of the Light has advised the Participant to seek medical advice and/or supervision from their prescribing doctor before reducing, ceasing, or changing any medication. **Initials:**
* I confirm that I, nor anyone in my party, is currently exhibiting any symptoms of COVID-19, including but not limited to:
  + Fever in the last 48 hours
  + Respiratory symptoms such as sore throat, cough, or shortness of breath
  + Flu-like symptoms such as muscle aches, chills, and severe fatigue
  + Changes in sense of taste or smell

# Initials:

**Full and Final Settlement**

1. The Participant hereby acknowledges and agrees that the Participant has carefully read this Agreement, that the Participant fully understands the same, and that the Participant is freely and voluntarily executing the same.
2. The Participant understands that by signing this Agreement, the Participant agrees to

be forever prevented from suing or otherwise claiming against the Organizer for any property loss or personal injury that the Participant may sustain while participating in or preparing for the above noted activity.

1. The Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Agreement.
2. This Agreement contains the entire agreement between the parties to this Agreement and the terms of this Agreement are contractual and not a mere recital.
3. The Participant they are responsible to follow-up with their physician, psychiatrist, therapist or any other medical/clinical providers to support their after-care needs.

# Governing Law

This Agreement will be construed in accordance with and governed by the laws of Colorado and Oregon.

**IN AGREEMENT:** the Participant has affixed their signature underhand prior to the start of their participation at Anchor of the Light Healing Center:

Print Participant Name Participant Sign

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed