

Waiver and Release of Liability

What you are about to read and are requested to sign is a waiver and release of liability. Upon signing it, you will give up your right to sue or hold responsible, Jonalyn Blaha or anyone associated with Jonalyn Blaha for injuries or losses you suffer while undergoing any treatment or while participating in any ceremony with Jonalyn Blaha.

Please take your time and read this agreement very carefully. When you are certain that you understand the importance of each paragraph, sign your initials in the space provided. Sign the document only after you have read and understood everything. If you have any questions about the agreement, consult your attorney. Thank you for your attention to this matter.

I WILL NOT BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES WITH JONALYN BLAHA WITHOUT THE SIGNED WAIVER. I UNDERSTAND THAT SIGNING THIS DOCUMENT WILL PREVENT YOU, MY HEIRS, EXECUTORS, DEPENDENTS, BENEFICIARIES, AND ASSIGNS FROM SUING JONALYN BLAHA OR ANYONE ASSOCIATED WITH JONALYN BLAHA FOR ANY INJURIES, INCLUDING DEATH AND PARALYSIS, OR DAMAGES THAT I MIGHT RECEIVE WHILE PARTICIPATING IN ANY ACTIVITIES WITH JONALYN BLAHA.

Initial Here

1. RISKS

I understand that there is a significant risk of serious physical injury, death and other damages inherent in partaking in treatment with Kambo. These risks and hazards can include but are not limited to, injuries arising from inadequate preparation, not fully disclosing my past medical background, not fully disclosing medications I am taking, and not following the instructions and guidelines provided to me by Jonalyn Blaha.

I further understand that it is my responsibility to vet and be certain that the Kambo practitioner I have chosen has adequate training and experience to administer Kambo to me. Injury or death can arise from improper use of Kambo, from lack of training or information, from the negligence of me, JONALYN BLAHA, or other parties, as well as the risks normally associated with shamanic endeavors. There is no way to eliminate the risk of serious harm or death. I understand that my decision to receive treatment from JONALYN BLAHA and any instruction or knowledge I obtain from her IS NOT sufficient to prepare me for the dangers and risks of self-dosing or applying Kambo to others.

I understand that the services offered do not constitute any form of medical practice. The Jonalyn Blaha does not diagnose, offer health advice, treat physical or mental issues, or prescribe medications. Kambo is a Shamanic ritual and ceremony from the Amazon Rainforest - it is not a medical treatment. I understand that I have done my own research as to the potential benefits of taking Kambo. I understand that none are offered or implied here. This information is not intended to treat, diagnose, cure, or prevent any disease or illness. Material provided is for educational purposes only. I will always seek the advice of

my physician or other qualified health care provider with any question I have regarding a medical condition.

I CERTIFY THAT I UNDERSTAND THAT PARTAKING IN A KAMBO CEREMONY OR TREATMENT CAN EXPOSE ME TO A HIGH RISK OF INJURY OR ACCIDENT. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS INCLUDING BUT NOT LIMITED TO THOSE ENUMERATED IN THIS DOCUMENT, WHETHER KNOWN OR UNKNOWN, OF INJURY, ILLNESS, DEATH OR DAMAGE OF WHATEVER KIND ARISING OUT OF MY DECISION TO PARTICIPATE IN A TREATMENT OR CEREMONY WITH JONALYN BLAHA.

Initial Here

2. I WAIVE AND RELEASE ALL CLAIMS.

I recognize that JONALYN BLAHA could not offer this activity without obtaining a release of liability. In consideration of, and part payment for the right to partake in a treatment/ceremony with JONALYN BLAHA, I RELEASE JONALYN BLAHA AND ANYONE ASSOCIATED WITH JONALYN BLAHA, INCLUDING WITHOUT LIMITATION TO HER FAMILY, FRIENDS, TRAINING AGENCY, MENTORS, AND THIRD PARTIES, FROM ALL LIABILITY, AND KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE ALL CLAIMS, DEMANDS OR CAUSES OF ACTION OF ANY KIND WHATSOEVER, INCLUDING BUT NOT LIMITED TO ANY CLAIMS OF NEGLIGENCE, WHICH MAY ARISE AS A RESULT OF MY PARTICIPATION IN A KAMBO CEREMONY, TREATMENT WITH JONALYN BLAHA.

Initial Here

3. I WILL INDEMNIFY JONALYN BLAHA.

In consideration of, and in part payment for the right to partake in a treatment/ceremony with JONALYN BLAHA, I agree to defend, protect, INDEMNIFY, and hold harmless JONALYN BLAHA, HER FAMILY, FRIENDS, TRAINING AGENCY, MENTORS from and against any and all claims, suits, actions at law or in equity, for damages or other relief and against any liability of any nature, together with attorneys' fees and costs incurred, that may arise out of my decision to partake in a treatment/ceremony with JONALYN BLAHA, INCLUDING BUT NOT LIMITED TO INJURIES ARISING FROM MY VIOLATION OF HIS RULES, RECOMMENDATIONS, AND CONTRADICTIONS FOR KAMBO. I agree to pay the reasonable attorneys' fees and all other costs of all parties if I bring a suit for injuries suffered from JONALYN BLAHA and that action is unsuccessful, in whole or in part. Additionally, in consideration of, and part payment for my right to partake in a treatment/ceremony with JONALYN BLAHA, I EXPRESSLY AGREE NOT TO SUE HIS FAMILY, FRIENDS, TRAINING AGENCY, MENTORS AND HEREBY WAIVE ALL CLAIMS AND LIABILITIES AGAINST JONALYN BLAHA AND THOSE PARTIES INCLUDING, WITHOUT LIMITATION,

CLAIMS FOR NEGLIGENCE ARISING FROM MY (OR THE MINOR'S)
PARTICIPATION IN A TREATMENT/CEREMONY WITH JONALYN BLAHA.

Initial Here

4. I AGREE TO ABIDE BY ALL RULES, RECOMMENDATIONS, AND
CONTRAINDICATIONS.

I agree to abide by all rules, recommendations, and contraindications contained in written form as well as verbal directions that may be given by JONALYN BLAHA herself. I MAY NOT PARTAKE IN A TREATMENT OR CEREMONY WITH JONALYN BLAHA IF I AM UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS. I MAY NOT PARTAKE IN A KAMBO TREATMENT/CEREMONY/SESSION IF I HAVE ANY EXISTING CONTRAINDICATION LISTED BELOW.

Medications that are NOT compatible with Kambo include:

- Parkinson's medications
- Heart disease medications
- Epilepsy medications
- Lyme's Disease medications (in some cases)
- Blood pressure medications
- Steroids (Arthritis + Rheumatism) medications
- Corticosteroids medications
- Infection (Diclofenac) medications
- Sleeping pills/ medications
- Varicose Vein medications
- NSAID medications
- Clove and other cleansing herbs

List of conditions that CANNOT be safely taken with Kambo:

- Heart problems (of any and all kinds; this includes having a pacemaker)
- Stroke or Brain hemorrhage
- Aneurysms or blood clots
- Are recovering from a major surgical procedure with internal stitches
- Schizophrenia or severe psychosis
- Chemotherapy or radiotherapy (for at least 4-6 weeks afterwards)
- Organ transplants (cannot be taken with immune suppressants)
- Severe immune system disorders like MS or ALS
- Pregnancy or breastfeeding a child under 6 months old
- Addison's disease
- Hyper- and hypotension
- Certain types of EDS
- Epilepsy
- Under 18 years of age

Kambo has no known detrimental side effects so when it is responsibly administered it is very safe. There are very few people for whom Kambo medicine may provide a health risk so please let us know beforehand if you have serious health problems. Kambo cannot be administered to those who are (have) had or suffer from:

- Under 18
- Pregnant
- Breastfeeding a child under 1 year
- Serious heart conditions including pacemaker, valve disease, bypass surgery, and enlarged heart
- Extremely low blood pressure that is controlled by medication
- Stroke, Aneurysm or bleeding in the brain
- Serious mental health conditions
- Organ transplant surgery
- Fasting or at the end of a fast

If you are menstruating at the time of treatment, Kambo may cause the flow to increase for 24-36 hours because it contains powerful vasodilators. If you are asthmatic, ensure that you have your inhaler with you. If you are diabetic, it is important to discuss your treatment in advance. You must inform us if you have ever had, or are currently suffering from a mental health condition, regardless of whether you are taking medication or not, as it is a contraindication for Kambo. The only exception to this is depression; in most cases, it is safe to continue taking your medication and supplements but please discuss this beforehand.

I am physically qualified to participate. I certify that I have no physical limitations or medical conditions that would impair my ability to partake in a Kambo treatment/ceremony. I agree to inform JONALYN BLAHA of any conditions that may have any effect on my ability to fully and safely use Kambo so that a determination can be made as to the proper course of action and in not doing so could potentially put my life in jeopardy.

Initial Here

6. Other provisions

- This agreement constitutes the complete and sole agreement between you and JONALYN BLAHA. Acknowledgment, evidence of any other agreements, whether oral or in writing, are void and inadmissible and unenforceable in a court of law, arbitration or other dispute resolution proceeding.
- NO INDIVIDUALS OTHER THAN THE SIGNATORY AND JONALYN BLAHA, HAVE AUTHORITY OR POWER TO ALTER THE TERMS OF THIS AGREEMENT, EITHER ORALLY OR IN WRITING.
- This agreement covers my interaction with JONALYN BLAHA as well as my participation in all activities and all associated events with JONALYN BLAHA.

- THE LAWS OF THE STATE OR COUNTRY WHERE THIS WAS SIGNED WILL GOVERN THIS AGREEMENT. VENUE FOR ANY ACTION SHALL BE WHERE THIS WAIVER AND RELEASE OF LIABILITY WAS SIGNED
- I VOLUNTARILY WAIVE ANY RIGHT I MAY HAVE TO A TRIAL BY JURY IN ANY ACTION INVOLVING ANY RELEASED PARTY RELATED TO OR ARISING FROM MY PARTICIPATION IN A KAMBO TREATMENT OR CEREMONY WITH JONALYN BLAHA.

Initial Here

8. Severability.

If any provision of this agreement or its application to any person or circumstance is held invalid or void, the remainder of the agreement or its application to other persons or circumstances is not affected.

I AM FULLY AWARE OF THE CONTENTS OF THIS AGREEMENT AND RELEASE AND HAVE READ AND UNDERSTAND ALL OF THE TERMS. THE TERMS OF THIS AGREEMENT BIND ME, MY FAMILY (INCLUDING BUT NOT LIMITED TO SPOUSES AND DOMESTIC PARTNERS), HEIRS, EXECUTORS, ADMINISTRATORS, DEPENDENTS, BENEFICIARIES AND ASSIGNS.

I recognize that if I have any questions regarding my waiver of rights, I should consult an attorney.

Initial Here

By signing below, I agree to the terms and conditions set forth in this waiver and my consent to the use of my electronic signature in lieu of an original signature on paper. I have the right to request that you sign a paper copy instead. Please save a copy of this waiver for your records. Your agreement to use an electronic signature with us for any documents will continue until such time as you notify us in writing that you no longer wish to use an electronic signature. There is no penalty for withdrawing your consent. You should always make sure that we have a current email address in order to contact you regarding any changes, if necessary.

Print Name

Date

Signature