

INTAKE FORM

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|---|--|-------------------------|----|--------|-------------------------|-------------------------|-------------------------|
| <p>*required</p> <p>Date: _____</p> <p>Name* _____</p> <p>Phone #* _____</p> <p>Email * _____</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">BP</td> <td style="width: 33%; text-align: center;">HR</td> <td style="width: 33%; text-align: center;">Points</td> </tr> <tr> <td style="text-align: center;">1st. _____</td> <td style="text-align: center;">2nd. _____</td> <td style="text-align: center;">3rd. _____</td> </tr> </table> <p>Payment: Cash, CC, SQ Account</p> | BP | HR | Points | 1 st . _____ | 2 nd . _____ | 3 rd . _____ |
| BP | HR | Points | | | | | |
| 1 st . _____ | 2 nd . _____ | 3 rd . _____ | | | | | |

I'm interested in:

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| <ul style="list-style-type: none"> • Private (1-1) 2 Max. • Semi-private (up to 4) • Group Circle (4-8) • Soul Quest Community Circle • Target Sessions (multiple days) | <ul style="list-style-type: none"> • Kambo Warrior 3X3 (3-sessions within 3 hours)+ • Meridians+ • Chakras+ • Auricular+ |
|--|--|

+specialized approach; recommended after your first Kambo session.

What is your age?*

Have you taken Kambo before?* _____; how many times?_____

How do you hope Kambo will help you?

Please give a brief but concise medical history and describe any currents health conditions: *

Please list current medications & supplements*:

Please check if you have or have had any of the following conditions: *

- stroke
- brain aneurysms
- brain hemorrhage
- blood clots
- Addison's disease
- are pregnant or may be pregnant
- severe or current epilepsy
- undergoing chemotherapy
- on medication for low blood pressure
- heart attack or serious heart conditions
- on immune suppressants for organ transplant
- are recovering from a major medical procedure
- liver or kidney problems
- asthma or diabetes
- major mental health disorders (excluding depression and PTSD)
- have taken Bufotenine, Bufo (5-meo DMT) within the past 6 weeks
- NONE OF THE ABOVE

Do any of the following circumstances currently apply to you?

- taking slimming or sleeping supplements
- taking immune suppressants for auto immune disorders
- have a past or active drug or alcohol addiction
- difficulty vomiting or excessive/painful purging (while drinking Ayahuasca)
- you are long-term water fasting
- use colonics, enemas, liver flushes or other water-based detoxes
- females:** breastfeeding an infant under the age of 1 year
- undergoing fertility treatments OR on your period
- NONE OF THE ABOVE



Liability Waiver and Release of Claims

Carlos Guzman, (Carlos, Kambo Warrior/ Passionate Warrior), is not a physician and the scope of his wellness and coaching services does not include treatment or diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an ailment or illness that may require medical attention, then you are encouraged to consult with a licensed physician without delay.

Carlos primarily educates and motivates clients to assume more personal responsibility for their health and wellbeing by adopting a healthy attitude, lifestyle, and diet. He focuses on wellness and prevention of illness through the use of natural wellness practices and coaching techniques to achieve optimal health and wellbeing. It is required to give Carlos a complete, honest and accurate account of any medical conditions that you may have or have had in the past and any medications that you are taking or have taken in the past. Failure to disclose this information may result in complications that may cause serious health conditions, including the loss of your life. Carlos does not promise or guarantee protection from future illness. Carlos will not be held liable for failure to diagnose or treat an illness, nor will he be liable for failure to prevent future illness.

Carlos is a certified Kambo practitioner by IAKP (International Association of Kambo Practitioners). Carlos will inquire about your medical history to make sure Kambo can be administered safely to you per IAKP standards. He will discuss with you the process of receiving Kambo and will instruct safety and important guidelines that you must agree in order to receive Kambo. Kambo Warrior/Passionate Warrior is an independent contracted service, not affiliated with Soul Quest (Ayahuasca Church of Mother Earth) it's founding members, church members or any other person or entity.

KAMBO IS NOT A MEDICINE.

IAKP PRACTITIONER(S) ARE NOT DOCTORS NOT ANY OTHER FORM OF MEDICAL PRACTITIONER(S).

IAKP PRACTITIONERS DO NOT DIAGNOSE DISEASE, OFFER HEALTH ADVICE, TREAT PHYSICAL OR MENTAL HEALTH ISSUES OR PRESCRIBE MEDICINES.

KAMBO IS A SHAMANIC RITUAL CEREMONY FROM THE AMAZON RAINFOREST- IT IS NOT A MEDICAL TREATMENT.

PARTICIPANTS ARE ADVISED TO DO THEIR OWN RESEARCH TO THE POTENTIAL BENEFITS OF TAKING KAMBO. NONE ARE OFFERED OR IMPLIED HERE.

I acknowledge that receiving Kambo may involve a test of my physical and mental limits and understand that not disclosing my past and current medical history and/or not following instructions by Carlos, the Kambo practitioner, may carry with it the potential for serious injury including death. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness.

This waiver and release of liability and all acknowledgments, agreements and representations contained herein shall be binding upon my family, heirs, successors and assigns.

By signing this waiver, I agree that I acknowledge what Carlos has explained and instructed me about receiving Kambo, and I voluntarily agree to participate in receiving Kambo.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Client's Signature _____ Date _____

Print Name: _____

Address: _____

Telephone: _____

e-mail: _____

More information about Kambo and to read the full disclaimer:

<https://kambowarriordetox.com>