

INTAKE FORM

*required	BP HR Points
Date:	1 st
Name*	2 nd
Phone #*	3 rd
Email *	<u></u>
Payment method:* Cash / Venmo / CashApp /	Zelle
I'm interested in (circle one):	
Private (1-1) 2 Max.Semi-private (up to 4)Group Circle (4-8)	 Specialized+: chakras, auricular meridians, Kambo Warrior 3X3 Target Sessions (multiple days)
+specialized approach; recommended a	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 medical history and describe	any currents health conditions:*
Please list current medications & supplements*:	

Please ch	eck 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
On any of	the following circumstances currently apply to you?
20 a.i.y 0.	and remember games and 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 Informed Consent

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 Kambo practicing minister certified and certified by IAKP (International Association of Kambo Practitioners). Carlos will inquiry 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 to receive Kambo. Kambo Warrior/ Passionate Warrior is not affiliated with the property owner(s) at the physical location where you receive Kambo. Furthermore, the property owner(s) are not responsible or liable for your health or safety. By signing this document, I release the property owner(s) from any liability and solely bear all responsibility for my own actions.

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 become a member of Passionate Warrior Ministries, in receiving Kambo as a sacrament.

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 disclaime	r:
https://kamhowarriordetox.com	