

The PowerShift® Weekend Experience and EtheoWork, Inc.

Waiver of Liability and Acknowledgement of Contraindications

1. Introduction

This document serves as a Waiver of Liability and Acknowledgement of Contraindications for participants of the PowerShift® Weekend Experience, hosted by Thomas Thomison and affiliated staff of EtheoWork, Inc. (“Organizers”). By signing this document, you (“Participant”) agree to the terms outlined and acknowledge the voluntary nature of your participation.

2. Purpose of the Event

The PowerShift® Weekend Experience includes dialog, group sharing, and an optional entheogenic journey to foster personal growth, leadership enhancement, and community engagement. This journey may involve using natural and/or synthetic entheogens, substances known to alter consciousness and promote deep personal insight.

3. Waiver of Liability

- **Voluntary Participation:** Your participation in the PowerShift® Weekend Experience is entirely voluntary. You understand the nature of the activities, including the entheogenic journey, and agree to participate of your own free will.
- **Assumption of Risk:** You acknowledge that participating in the journey and related activities involves inherent risks, including physical, emotional, psychological, and spiritual effects. You assume full responsibility for any outcomes or consequences that may arise.
- **Release of Liability:** By participating, you release and discharge the Organizers, facilitators, and all associated staff from any and all liability, claims, or causes of action related to your participation in the event, regardless of cause.
- **Medical Liability:** You acknowledge that the Organizers are not providing medical care or advice. It is your responsibility to consult with a healthcare provider about your fitness to participate and to disclose any medical conditions or medications.

4. Acknowledgement of Contraindications

- **Medical and Psychological Contraindications:** Participation in the entheogenic journey may not be suitable for individuals with certain medical or psychological conditions, including severe psychiatric disorders, cardiovascular issues, and specific medications (e.g., SSRIs). You acknowledge that you have disclosed relevant health information and consulted a qualified professional where necessary.
- **Personal Responsibility:** You confirm that you are not currently taking contraindicated medications or suffering from any conditions that would pose a risk during participation.

5. Informed Consent

- **Understanding of Potential Effects:** You acknowledge being informed about the potential effects of the entheogenic journey, including intense emotional, psychological, or physical responses. You agree that you are mentally and physically fit to participate.
- **Set and Setting:** You understand the importance of the mindset and environment in shaping your experience and agree to adhere to the guidelines provided to ensure a safe, supportive journey.

6. Confidentiality and Privacy

- **Respect for Privacy:** You agree to respect the privacy of other participants and facilitators, including refraining from sharing personal experiences or identities outside the group.

7. Emergency Situations

- **Emergency Medical Care:** In the event of an emergency, the Organizers will seek appropriate medical assistance. You consent to receive emergency care if needed and agree to be financially responsible for any associated costs.

8. Acknowledgement of Personal Responsibility

- You affirm that you are of legal age, have read and understood this Waiver of Liability and Acknowledgement of Contraindications, and are signing it of your own free will. You acknowledge that by signing, you voluntarily waive any rights to bring legal action against the Organizers related to your participation.

9. Governing Law and Dispute Resolution

- This Agreement is governed by the laws of the State of Texas, and any disputes will be resolved through mediation or arbitration.

10. Participant Signature

By signing below, you confirm that you have read, understood, and agree to the terms of this Agreement.

Participant Name: _____

Signature: _____

Date: _____