



Plant Medicine Retreat Participant Information

Please complete this form in its entirety, save it, and forward it to your retreat leader.

Personal Information

First Name: _____

Last Name _____

Email _____

Passport Country _____

Passport Number _____

Gender Female Male

Age _____

Occupation/Profession _____

If there is someone joining you on the retreat that you would like to room with, please let us know that person's name _____

Where did you hear about us/who referred you? _____

Emergency Contact Information

Please provide complete contact details for someone who will be contactable during the time of your retreat.

Emergency Contact

Full Name _____ Relationship to You _____

Home Phone _____ Mobile Phone _____

Email _____ Country of Residence _____

Dietary Preferences

Please advise us of any special dietary preferences (Gluten-Free, Dairy-Free, Raw Only, Vegan, Vegetarian, etc.) _____

Please list any food allergies or restrictions _____

Physical Health History

The information below is necessary to keep you and all others who attend the retreat as safe as possible. Please answer all questions fully and accurately. All details will be kept in the strictest of confidence.

Please list any and all current health issues or concerns that you are aware of.

Do you have any physical condition that would require any degree of assistance with mobility, i.e. walking or navigating stairs? (please describe).

Please list any major surgeries or injuries in your lifetime.

Please list any form of medication - including supplements, prescription and non-prescription drugs - that you are currently taking.

Please list any non-prescription drug (including alcohol) you have taken in the last 3 months, and frequency of use.

Have you or do you use/take cocaine, amphetamines or narcotics? If yes, please specify.

Do you currently have an issue with any form of substance abuse (including but not limited to drugs/alcohol/sex/food/internet/television/etc)? If yes, please list the substance(s) and frequency of use.

Mental Health History

Do you currently or have you ever experienced PTSD or any form of intense trauma disorder?

Yes No

If yes, please share with us the cause, triggers, symptoms, severity and impact of this disorder in your life.

Do you have any history of violence or violent episodes? Yes No

If yes, please provide details.

Please list any diagnoses you have received for any form of mental disorder or instances of psychotic breaks.

Have you been diagnosed or suspected of having antisocial disorders including psychopathy, sociopathy, and social interaction disorders? Yes No

If yes, please explain.

Have you ever tried to or thought about harming yourself? Yes No

If Yes, please explain.

If you have ever been institutionalized, please list when and for how long.

Military/Police Service

Have you ever served in the police or any branch of the armed forces? Yes No

Have you ever been in combat? Yes No

If you answered Yes to either question above, do you experience or have you experienced PTSD as a result of your service? Yes No

Legal History

Please note that we do check the background of our guests and any failure to disclose information on this application will result in your immediate disqualification from the retreat, without refund.

Have you ever been arrested for an incident involving any form of violence? Yes No

If Yes, please explain.

Have you have ever been arrested for anything other than traffic violations? Yes No

If Yes, please list the charges and the year in which they occurred (if you already provided details in the first question in this section, no need to repeat here).

If you were convicted of any of these crimes, please specify which ones.

Alternative Medicine Experience & Intentions

Please outline any prior experience with Alternative Medicines - Ayahuasca, Huachuma (San Pedro), Iboga, Wilka/Yopo, or Kambo - including who facilitated the ceremony and where.

Please tell us why you are interested in Alternative Medicine and what you would like to achieve by participating our ceremonies.

Retreat Terms & Conditions

Please read the terms & conditions stated below and ensure that you completely understand them all. Once you have carefully read this information, please acknowledge your acceptance and agreement by entering a virtual signature in the appropriate field.

Drugs and Medications Warning

For your safety and the safety of all others coming to Source Peru, **we maintain a no drugs (prescription or recreational) or alcohol policy for any retreats involving plant medicine ceremonies. Combining medications, supplements and/or other recreational drugs with Ayahuasca can be dangerous and potentially fatal.** Be sure to read our [Medical Guidelines](#) page to be clear about contraindications.

It is imperative that you disclose all prescriptions, supplements and recreational drugs in full at the time of registration for the retreat. Further, if your status changes between the time of registration and the start date of the retreat, you must notify us immediately.

Most medications must be stopped one month prior to the start of the retreat, especially anti-depressants and anti-anxiety drugs. Recreational drug use and alcohol should be stopped 2 weeks prior to the retreat. If you are currently taking any prescribed medications, please consult with your doctor before altering your intake of them in any way. Only if your doctor approves of altering these medications and has given you clearance may you attend. **Failure to disclose your use of prescription medication or non-prescription drugs will result in your immediate termination from the retreat, without refund...even if you are already onsite with us when the information comes to light.**

Physical and Mental Health Conditions Warning

It is imperative that you disclose all health conditions, whether mental or physical, in full at the time of application. Any preexisting physical condition must be cleared with your doctor. **Failure to disclose existing medical conditions – either mental or physical – will result in your immediate termination from the retreat, without refund...even if you are already onsite with us when the information comes to light.**

Legal History Warning

It is imperative that you disclose all prior offences, other than traffic-related, including whether you were convicted and the results thereof. Please note that we do check the background of our guests and **any failure to disclose information on this application will result in your immediate termination from the retreat, without refund...even if you are already onsite with us when the information comes to light.**

Travel Health Insurance

Although we don't anticipate any health concerns arising during your time in Peru, we do require that you obtain a comprehensive travel health insurance policy for the time that you are traveling and staying with us. You are fully responsible for any expenses that may arise due to a medical issue or emergency before, during and after participating in a retreat at The Source.

Acknowledgement and Agreement

By checking the 'I agree' field and typing my name in the field specified on the program registration form:

- I attest that I have read and understand the written **Drugs and Medications, Physical and Mental Health Issues, and Legal History Warnings** above and have disclosed all requested and relevant health and medical facts.
- I attest that the information I have provided is true and complete, to the best of my knowledge.
- If I have listed any medications, drugs, mental and/or physical health conditions, I attest that I have consulted with my doctor(s) and have obtained permission from him/her to attend the retreat.

- I attest that if my condition (mental/physical health OR use of prescription/non-prescription medication or recreational drugs) should change between the date of agreeing to these conditions, I will immediately inform The Source of those changes by email.
- I have or will have obtained comprehensive travel medical insurance and am fully responsible for the cost of any medical concerns that may arise before, during or after my time at The Source.
- **I understand that the act of falsifying or omitting any relevant information during the application and registration process could be grounds for termination of my attendance at the retreat without refund.**
- I hereby waive, release and hold harmless The Source Sacred Valley S.A.C. d/b/a The Source from any and all liability or responsibility for all injuries, damages and/or claims which may occur in the event I do attend the retreat.

I agree to all of the terms and conditions as specified above.

Signature _____

Date _____