



PARTICIPANT INFORMATION SHEET

Name, first name: _____

DOB: _____

Phone: _____

Email: _____

Occupation: _____

Emergency contact name: _____

Emergency contact phone: _____

1. Are you currently taking medication? ☐ yes ☐ no

Please specify: _____

2. Are you currently taking any dietary supplements? ☐ yes ☐ no

Please specify: _____

3. Do you have a chronic illness? ☐ yes ☐ no

Please specify: _____

Please list the symptoms: _____

Current treatment: _____

Aftercare: _____

4. Do you currently have health problems? ☐ yes ☐ no

Please specify: _____

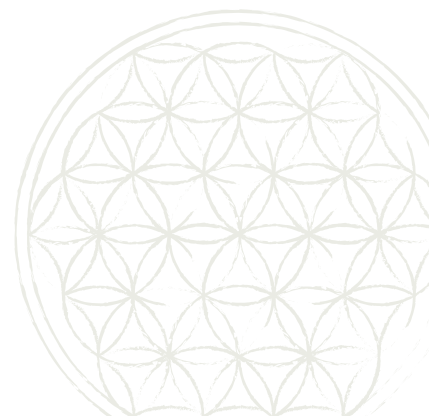
Please list the symptoms: _____

Current treatment: _____

Past treatment: _____

5. Do you suffer from heartburn? ☐ yes ☐ no

6. Do you suffer from dysphagia? ☐ yes ☐ no



7. Have you had any accidents / traffic accidents?

☐ yes ☐ no

If so, which ones? _____

8. Do you have any fears or phobias?

☐ yes ☐ no

Please specify: _____

9. Do you suffer or have suffered in the past of a mental illness?

☐ yes ☐ no

If yes, what type? _____

10. Are you currently on medication for a psychiatric disorder?

☐ yes ☐ no

Medicine and dosage: _____

Reason for medication: _____

11. Have you been diagnosed with seizures or epilepsy?

☐ yes ☐ no

If yes, are you on any medication? _____

12. Do you use stimulants and/or medication?

☐ yes ☐ no

If yes, which one? _____

13. Do you drink alcohol?

☐ yes ☐ no

Frequency? _____

If yes, how often? _____

14. Do you have a drug or alcohol addiction?

☐ yes ☐ no

Please specify: _____

15. Have you had any recent surgery or operation?

☐ yes ☐ no

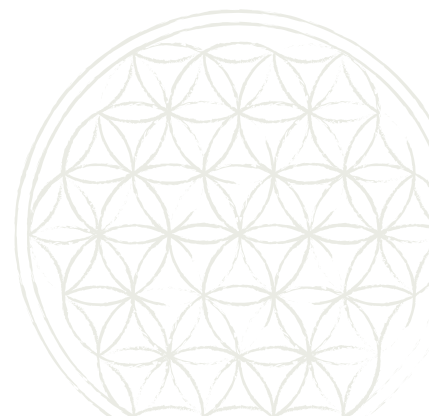
If yes, what type of operation and when?

16. Do you have a cardiovascular problem?

☐ yes ☐ no

Please specify: _____

17. What is your reason for taking Kambo?



18. Is there anything on your body or a mental state, that you think I should know about?

☐ yes ☐ no

If yes, please specify: _____

19. Do you have any experience with Kambo?

☐ yes ☐ no

If yes, when? _____

KAMBO CANNOT BE USED IF YOU HAVE ANY OF THE FOLLOWING HEALTH CONDITIONS:

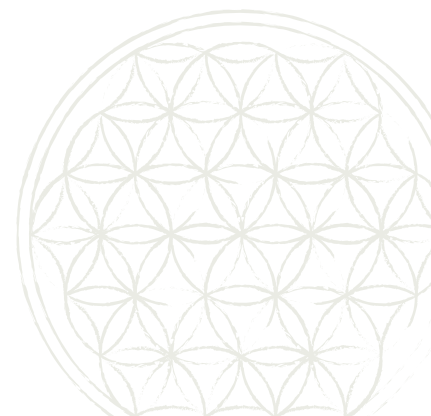
- X If you have heart problems
- X If you had a stroke
- X If you are taking medication for low blood pressure
- X If you had a brain hemorrhage
- X If you had an aneurysm
- X If you have a blood clot
- X If you have a serious mental health problem
- X If you are currently undergoing chemotherapy or 4 weeks later
- X If you are taking immunosuppressive medication for organ transplantation
- X If you had an organ transplant
- X If you are pregnant
- X If you breastfeed a child under 6 months
- X If you fasted for 7 days before your Kambo treatment
- X If you had a water-based detox within 3 days before your Kambo treatment
(for example: colon hydrotherapy, enemas, liver detox cures)
- X If you have diseases of the oesophagus
- X If you have had multiple cervical surgeries after trauma

I hereby confirm that I have correctly and truthfully filled out the above mentioned participation form and read the contraindications. If information in this entry form changes, I will notify my supplier before I receive Kambo again.

Name of the participant

Date

Signature of participant



KAMBO TREATMENT („CEREMONY“)

(including optional Rapé snuff and Sananga eye drops)



INDEMNIFICATION AND ASSUMPTION OF RISK

Disclaimer of liability:

Kambo is the secretion of the Phyllomedusa bicolor frog. Traditionally, Kambo is produced by indigenous peoples of the upper Amazon is used to lift panema (dark or negative energy) and to yesgen „magic“. Her cambo user Natalie Keller has been recognized by international cambo practitioner associations trained. Your praetitioner is not in the medical field here and does not diagnose or prescribe medication for any conditions, nor does she diagnose, treat or manage any medial conditions. The Kambo treatment should not be used as a substitute for medical care and advice of your doctor can be used. Please consult a qualified, licensed physician for any illness.

In return for the participation in the Kambo treatment I agree to the following:

1. I have completed and read a confidential participant information form completely and accurately and fully disclose my current and past medical and psychiatric conditions, including prescription drug use and recreational drug use and alcohol consumption I affirm that I am not suffering from any unknown physical or mental condition and I have not decided to stop the prescribed meditation to participate in this cambo treatment without consulting my doctor. I understand that the following conditions for receiving Kambo do not apply and that using Kambo under the following conditions may result in serious medical problems, mental health problems or death.

I further confirm that none of the following conditions apply to me currently or in the past:

- Stroke
- Heart Bypass Surgery
- Enlarged heart
- Implanted cardiovascular direct current fibrillators
- Congestive heart disease
- Excess fluid in the heart sac
- Heart valve replacement surgery
- Organ Transplantation
- Aneurism
- Active ulcers
- Addison's disease
- Crohn's disease / irritable bowel syndrome (IBS)
- Cerebral hemorrhage
- Blood Clot
- Serious mental illness
- Seriously low blood pressure, the medication requires
- Pregnant or breastfeeding children younger than 1 Year are
- Within 21 days of birth
- chemotherapy or radiation of less than 6 weeks before or 6 weeks after
- You are not currently taking any food supplements to lose weight or sleep
- You are not addicted to drugs or alcohol
- You did not fast 7 days before this EVENT and have not fasted for seven days thereafter
- Diseases of the oesophagus
- Diseases of the stomach

Three days before Kambo no colon hydrotherapy, other enemas, liver flushing or water-based detoxification should be done!

You have clearly understood that the use of Kambo can cause permanent scars and, if necessary, pigmentation on the skin!

I note that in a few cases of previous damage, such as see contraindication, vomiting may cause injury to the oesophagus.

Name of the participant

Date

Signature of the participant

