Consent, Safety Agreements & Acknowledgment of Risk

Participant		**Facilitator**	
Journey date		**Location**	

CONSENT & SAFETY AGREEMENTS

Consent is ongoing. You may change your mind or say no at any time, without explanation. Silence, passivity or reduced communication does not automatically mean consent.

If speaking becomes difficult, my non-verbal signal for STOP/NO is:

Touch preferences

Type of touch	YES	NO	ASK FIRST
Holding my hand	☐	☐	☐
Hand on shoulder	☐	☐	☐
Hand on upper back	☐	☐	☐
Hugging	☐	☐	☐

Areas I do not want touched:

Anything else about touch or physical boundaries:

If I appear to be at immediate risk of accidentally harming myself or another person, I understand that the facilitator may take reasonable action necessary to protect immediate physical safety. In an urgent medical or safety situation, I authorize contact with emergency services and/or my emergency contact.

Emergency contact **Phone**

- ☐ I confirm that I have honestly disclosed information relevant to my safety, including medications and relevant physical and psychological health history.
- ☐ We have discussed my transportation plan, and I will not drive while impaired.
- ☐ We have discussed my immediate aftercare and support plan.

Anything else I want my facilitator to know about supporting me or respecting my boundaries:

Acknowledgment of Risk & Release

Psychedelic experiences can be unpredictable and may involve intense physical, emotional and psychological experiences. These may include changes in perception, judgment and awareness; anxiety, fear or panic; nausea or other physical discomfort; emotional distress; confusion; resurfacing of difficult memories or experiences; and other effects that cannot necessarily be anticipated.

No particular outcome, insight, healing experience or therapeutic benefit has been promised or guaranteed. Preparation, facilitation and integration support cannot eliminate all risks associated with a psychedelic experience.

I confirm that my participation is voluntary and that I am responsible for my decision to participate.

Assumption of Risk

I understand that participation may involve risks, including risks that cannot presently be anticipated. I voluntarily accept and assume the risks associated with my participation in the experience and my presence and activities at the premises where it takes place.

Emergency Care

If a medical or safety emergency occurs, I authorize reasonable steps to obtain emergency assistance on my behalf.

Release of Liability

To the fullest extent permitted by applicable law, I release and hold harmless the facilitator and the owner and/or occupier of the premises, together with their respective agents and representatives, from claims arising from my voluntary participation in the experience or my presence or activities on the premises, including claims relating to personal injury, property damage or other loss, except to the extent that liability cannot lawfully be excluded or waived.

I understand that this provision is intended to affect my legal rights.

Participant initials

I confirm that I have had an opportunity to read this agreement, ask questions and discuss anything I do not understand. Signing this agreement does not take away my ability to communicate a boundary, say no, or withdraw consent during the experience. I am choosing to participate voluntarily.

Participant name

Participant signature

Date

Facilitator name

Facilitator signature

Date