

IRAKE

Traditional Amazonian Plant Diet

INFORMED CONSENT FORM AND PERSONAL COMMITMENT

1. Nature of the Commitment

I hereby acknowledge that I am voluntarily registering for a medicinal plant diet under the direction of Don Pedro, Onaya of the Shipibo tradition. I understand that this process is not a wellness retreat or leisure stay, but a deep work of learning and purification, demanding on the physical, emotional, and psychological levels.

2. Framework and Responsibilities

Don Pedro: Is solely responsible for all shamanic work, ceremonies, plant prescription, and energetic guidance.

Anthony: Is exclusively responsible for logistical organisation (transport, accommodation in Pucallpa, transfers, meals outside the Sama). I acknowledge that Anthony does not intervene in the healing or spiritual teaching process.

The Participant: Commits to scrupulously respecting the rules of silence, isolation, and dietary discipline set by the Maestro.

3. Risks and Health Status

I declare that I have been fully informed of the following risks associated with the traditional Sama method (complete fast):

Physical risks: Possibility of hypoglycaemia, intense fatigue, dizziness, and nausea related to the initial cleansing.

Psychological risks: Isolation and work with the teacher plants may provoke altered states of consciousness or intense emotional resurgences.

Medical safety: I acknowledge that there is no professional medical supervision on site and that the nearest emergency care centre is approximately two hours away by fast boat.

4. Declaration on Honour — Health and Safety

■ **ANTIDEPRESSANTS (SSRIs): I certify that I am not taking any such medication. I understand that combining these with the diet plants can cause severe serotonin syndrome, potentially fatal. A complete cessation validated by a doctor is mandatory at least one month before.**

Contraindications: I certify that I have no cardiac, hepatic, or diabetic condition, nor any eating disorder incompatible with prolonged fasting.

Transparency: I commit to disclosing any ongoing treatment (anxiolytics, antibiotics, etc.) during the prior interview.

5. Liability Waiver

I release Anthony and Don Pedro from any liability in the event of an accident or complication resulting from the diet process or my omission of information regarding my health status. I accept the traditional living conditions (open casitas, rustic simplicity) as an integral part of the learning experience.

6. Cancellation and Refund Policy

A 50% deposit of the stay is required at the time of registration to confirm the booking. In the event of cancellation by IRAKE, the full amount paid is refunded.

In case of cancellation by the participant: full refund up to 60 days before departure. Within 60 days, the spot is non-refundable but transferable — the participant may send another person in their place, subject to a prior interview.

Place:

Date:

Full Name:

"Read and approved":

Signature:
