



AMAZON EXPEDITIONERS

NOMADIC SURVIVAL EXPEDITIONS

Kambo Contraindications and Substance Guideline, Understanding and Agreement

Things that should be avoided before Kambo. Please read carefully. Mixing Kambo with any of the following could be dangerous.

- Immunosuppressants for autoimmune disorders.
- Slimming or sleeping supplements (including melatonin).
- Alcohol or drugs 24 hours before and after.
- Do not fast longer than 18 hours 7 days before or after Kambo. This includes juice fast. Participants should have a normal eating pattern leading up to Kambo.
- Sweat baths, colonics, enemas, liver flushes or any water-based detox should be avoided within 3 days of taking Kambo.

By checking the “**I AGREE**” box you are agreeing that you have read the above regarding what should be avoided before Kambo and that you understand the dangers involved should you choose to neglect the above.

I Agree

Kambo does not generally have unintended adverse effects when administered by a properly trained practitioner and when participants have disclosed any underlying health conditions. You should absolutely not participate in a Kambo treatment if any of the following apply.

- Have serious heart problems.
- Are on a no-salt diet (ayahuasca diet)
- Have Ehlers Danlos
- Have Marfan syndrome
- Are on medication for low blood pressure.
- Have had a stroke.
- Have had a brain hemorrhage.
- Have an aneurysm or blood clots.
- Lack the mental capacity to make the decision to take Kambo.
- Have serious mental health problems excluding depression, PTSD and anxiety.
- Are undergoing chemotherapy, radiotherapy or for 6 weeks afterwards.
- Take immune-suppressants for organ transplant.
- Have Addison's Disease
- Have current and severe Epilepsy
- Are recovering from a major surgical procedure
- Are under 18 years old
- Have undergone a Bufo ceremony in the past 6 weeks
- Are pregnant or maybe so or are breast-feeding.
- Taking a daily diuretic. If you are on a medication that is also a diuretic but is not required to be taken daily, check with your practitioner to see if Kambo is safe for you.
- Person has consumed other strong medicines (eg. San Pedro, Ayahuasca, Mushrooms) within 24 hours of wanting to receive Kambo.
- Person has reached their 70th birthday.
- The person has consumed large amounts of water prior to arriving for Kambo
- Person has been fasting longer than 18 hours.
- Person has received the Covid Vaccine in the last 4 weeks.

By checking the “**I AGREE**” box you are agreeing that you have read the above regarding contraindications of Kambo and that you understand the dangers involved should you choose to neglect the above.

I Agree

Substance Guideline List

Please carefully review the list of substances that you must abstain from before and after Kambo. By checking "I AGREE" for each substance, you are confirming that you understand the period of time that you must abstain from taking this particular substance before and after Kambo, and that you understand the dangers of omitting this information.

SUBSTANCE MINIMUM ABSTINENCE PERIOD PRIOR TO KAMBO / POST KAMBO

Alcohol High Doses - 48 Hours / 7 Days

I Agree

Alcohol Low Doses - 12 Hours / 24 Hours

I Agree

Amphetamines Including Adderall and Ritalin - 7 Days / 7 Days

I Agree

Antidepressants and Anxiety Medication including Duloxetine/Cymbalta - Do not take morning of treatment / 2 Hours

I Agree

Anticonvulsants - must discuss with facilitator if on an anticonvulsant medication

I Agree

Antiepileptics **CONTRAINDICATED**

I Agree

Antipsychotics **CONTRAINDICATED**

I Agree

Ayahwasca & Analogues e.g. contingent that client is not on a no-salt diet. - 24 Hours / 24 Hours

I Agree

Benzodiazepines e.g. Valium, Diazepam - 18 Hours / 8 Hours

I Agree

Beta Blockers - Do not take morning of treatment / 8 Hours

I Agree

Blood Thinners - Do not take morning of treatment / 8 Hours

I Agree

Botox - 7 Days / 7 Days

I Agree

Bufo, 5-meo dmt - 6 Weeks / 24 Hours

I Agree

Cannabis - 12 Hours / 24 Hours

I Agree

Cocaine - 3 Days / 5 Days

I Agree

Coca Leaf - 12 Hours / 24 Hours

I Agree

Codeine - 24 Hours / 24 Hours

I Agree

Crack Cocaine - 7 Days / 7 Days

I Agree

Ecstasy (MDMA) Molly or any other MD** - 7 Days / 7 Days

I Agree

Fentanyl **CONTRAINDICATED**

I Agree

GHB - 7 Days / 7 Days

I Agree

Heroin (recreational) - 14 Days / 14 Days

I Agree

Heroin Substitutes - Methadone, Buprenorphine, Naltrexone **CONTRAINDICATED**

I Agree

High Blood Pressure Medication - Do not take morning of treatment / 8 Hours

I Agree

Iboga - 90 Days / 24 Hours

I Agree

Ibogaine - 10 Days / 24 Hours

I Agree

Ketamine - 3 Days / 3 Days

I Agree

Krokodil (Desomorphine) **CONTRAINDICATED**

I Agree

LSD - 48 Hours / 72 Hours

I Agree

Meth Amphetamine - 30 Days / 30 Days

I Agree

Morphine/ Oxycodone - 5 Days / 5 Days

I Agree

N, N-DMT - 8 Hours / 8 Hours

I Agree

Nitrous Oxide - 12 Hours / 12 Hours

I Agree

Peyote San Pedro (Mescaline) - 24 Hours / 24 Hours

I Agree

Pink (U-47700) **CONTRAINDICATED**

I Agree

Psilocybin - 24 Hours / 24 Hours

I Agree

Research Chemicals SPICE, Bath Salts, Mephedrone, Synthetic cannabinoids + more For limited recreational usage, 30 Days before treatment. Habitual use is contraindicated / 30 Days

I Agree

Tramadol - 48 Hours / 24 Hours

I Agree

Vasoconstrictors (Triptans) = 3 Days / 12 Hours

I Agree

2CB - 48 Hours / 3 Days

I Agree

Covid Vaccine or booster - 0 Days / 7 Days

I Agree

AMAZON EXPEDITIONERS "Kambo Session" Release of Liability and Assumption of Risk Agreement

Disclaimer:

Kambo is the secretion from the Phyllomedusa Bicolor frog. Traditionally, Kambo is and has been used by indigenous peoples of the upper Amazon to lift Panema (freeing the physical body of dark or negative energies), for magical results during hunting, and to treat various tropical diseases typical of the Amazon rainforest such as malaria, yellow fever, dengue, snake bites, and among others. Your organizer and facilitator are not licensed in the medical field and do not diagnose or prescribe any medications for any conditions nor do they diagnose, treat or cure any medical conditions. The **AMAZON EXPEDITIONERS** facilitators are only people of native origins with many years of experience already applying kambo to a very large list of participants on and off their expeditions. The same ones who, due to their own growth, have dedicated themselves meticulously and independently to carrying out existing scientific research studies of the fascinating content in its secretion, its side effects, contraindications, and benefits in the human organism. As well as Kambo and the content of many existing substances, whether Ayahuasca, San Pedro, etc. It is not for everyone and it is very important to take the necessary measures before use. Its bad practice, and the confusing information found on social networks including our great desire to continue making many aware of its magnificent benefits, is enough cause and motivation that we need to do the best we can by implementing a methodology that provides better information of what Kambo really is, with protocols, warnings and indications before, during and after its administration, and above all in a way that is safe for our health. Kambo treatment should not be used as a substitute for medical care and advice from your physician. Please contact a qualified, licensed physician for any illness or disease.

In consideration for being allowed to participate in the Kambo treatment I agree to the following:

1. **AGREEMENT TO FOLLOW DIRECTIONS.** I agree to follow any oral instructions or directions given by the **AMAZON EXPEDITIONERS** representatives and facilitators.

2. **ASSUMPTION OF THE RISKS AND RELEASE IN THE EVENT THAT YOU ARE EXPERIENCING ACUTE ADVERSE EFFECTS RELATED TO YOUR USE OF KAMBO, CALL THE EMERGENCY LINE.** I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge **AMAZON EXPEDITIONERS** for injury, loss or damage arising out of my or my family's use of or participation in any services provided by **AMAZON EXPEDITIONERS**, whether caused by the fault of myself, my family, or **AMAZON EXPEDITIONERS**. Furthermore, I understand that the known possible side-effects to participating in a Kambo session may include, but are not limited to, the following:

- a. Increased heart rate
- b. Flushing of the skin
- c. Slight pressure in the head
- d. Numbness, tingling in various parts of the body
- e. Flu like symptoms to include nausea, chills, abdominal cramping
- f. Tetany

3. **FEES.** I agree to pay for all damages to any facility in which I partake of **AMAZON EXPEDITIONERS** services, caused by any negligent, reckless, or willful actions by me or any minor in my charge.

4. **APPLICABLE LAW.** Any legal or equitable claim that may arise from participation in the above shall be resolved under Peru law.

5. **NO DURESS.** I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that **AMAZON EXPEDITIONERS** has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

6. **ARM'S LENGTH AGREEMENT.** This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

7. **ENFORCEABILITY.** The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

8. **DISPUTE RESOLUTION.** The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below **ALTERNATIVE DISPUTE RESOLUTION (ADR)** procedure.

Any controversies or disputes arising out of or relating to this Agreement will be resolved by binding arbitration under the rules of the **PERUVIAN ASSOCIATION OF CONCILIATION AND ARBITRATION**. The arbitrator's award will be final, and any judgment may be entered upon it by any court having proper jurisdiction.

9. **INDEMNIFICATION.** I, for myself and on behalf of my heirs, assignees, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY** (reimburse for any loss including any reasonable legal fees that may incur), **AND HOLD HARMLESS THE ORGANIZER AND KAMBO FACILITATORS**, their officers, officials, agents and/or employees, other participants, and, if applicable, owners and lessors of premises used for the Kambo treatment ceremony ("**RELEASED PARTIES**"), with respect to any and all injury, disability, death, or loss or damage to person or property, **WHETHER ARISING FROM NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the full extent permitted by law. **I KNOWINGLY AND FREELY ASSUME ALL RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES** or others, and assume full responsibility for my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Participant's Name*

Full Name: _____

Phone: _____

Participant's Date of Birth*

Month/Day/Year: _____

Participant's Signature*

Participant's Email Address*

Emergency Contact*

Full Name: _____

Phone: _____

Relationship: _____



AMAZON EXPEDITIONERS

Departures & Arrivals Meeting Point

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Amazon Survival Training Center

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