

Participant Agreement

AWAYK

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Awayk has designed a program tailored specifically for you. This program consists of a variety of sometimes experiential exercises (for example, yoga or breathwork and the use of psilocybin-containing truffles). Before we start, we ask that you agree to the following participant agreement.

The Contra-indications

I hereby state that:

- My blood pressure is within normal range for my age (or is with medication).
- I do not suffer from any heart conditions
- I do not use any of the following medications:
 - Monoamine oxidase inhibitors (MAOIs) like:
 - Bifemelane (Alnert, Celeport)
 - Caroxazone (Surodil, Timostenil)
 - Isocarboxazid (Marplan)
 - Metralindole (Inkazan)
 - Moclobemide (Aurorix, Manerix)
 - Phenelzine (Nardil)
 - Pirlindole (Pirazidol)
 - Selegiline (Eldepryl, Zelapar, Emsam)
 - Tranylcypromine (Parnate)
 - Toloxatone (Humoryl)
 - Tricyclic antidepressants like:
 - Amitriptyline
 - Amoxapine
 - Desipramine (Norpramin)
 - Doxepin
 - Imipramine (Tofranil)
 - Nortriptyline (Pamelor)
 - Protriptyline (Vivactil)
 - Trimipramine (Surmontil)
 - Lithium

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The Contra-indications (continued)

- I do not use any of the following medications
 - Selective serotonin reuptake inhibitors (SSRIs) like:
 - Citalopram (Celexa)
 - Escitalopram (Lexapro)
 - Fluoxetine (Prozac)
 - Paroxetine (Paxil, Pexeva)
 - Sertraline (Zoloft)
 - Vilazodone (Viibryd)
 - Fluvoxamine\
 - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) like:
 - Desvenlafaxine (Pristiq, Khedezla)
 - Duloxetine (Cymbalta)
 - Levomilnacipran (Fetzima)
 - Milnacipran (Ixel, Savella)
 - Venlafaxine (Effexor XR)
- I do not use any of the following 'over-the-counter' substances or stopped using them on time:
 - CBD oil (stop 7 days before the retreat)
 - St. John's wort (stop 7 days before the retreat)
 - 5-HTP (stop 7 days before the retreat)
- I, nor any related family member of the first and second category, do not suffer from:
 - Schizophrenia
 - Psychotic conditions
 - Bipolar (I or II) disorder

Limitation of liability – voluntary participation

By signing this agreement, I acknowledge that the nature of the program that Awayk offers may involve a certain amount of personal risk. I hereby assume all such risks and do hereby release Awayk from all claims and causes of action arising from any damages or injuries or any other impact on my state of mind or physical well-being resulting from these inherent risks.

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Limitation of liability - voluntary participation (continued)

If I will get injured while participating in the program, I agree to assume all financial obligations for any and all costs I incur. I acknowledge and agree that in no event Awayk is liable or responsible for any losses or liabilities arising out of your participation in this program.

I understand that, to the extent permitted by the applicable law, Awayk will not be liable for any illness, injury, death, property loss or damage, caused by any provided misinformation by me to Awayk or caused by not (fully) following the guidelines and follow-up instructions provided by Awayk to me.

In consideration for participating in this program, I voluntarily assume full responsibility for and hereby release, waive, discharge, hold harmless, and covenant not to sue Awayk, its founders, facilitators, volunteers, and other representatives (company party) for any and all claims, demands, actions, causes of action, and/or losses (including but not limited to any exemplary, direct, indirect, incidental, special, consequential, punitive, or other damages, medical expenses, lost wages/income, loss of services, lost profits, property damage, pain, illness, and death) (collectively the "liabilities") whatsoever arising out of or in any way related to my travel to and/or participation in this program and/or any activities conducted in connection therewith, regardless of whether such liabilities are caused by the negligence of any company party or otherwise, and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, even if any company party has been advised of the possibility of such liabilities, to the fullest extent allowed by applicable law.

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Concluding Statement

- I have truthfully filled in all details to the best of my knowledge.
- I have taken note of the risks associated with the use of psilocybin-containing truffles and I hereby certify that I have not taken any of the medication listed above.
- I understand that it is for my own well-being to inform Awayk when my medication or dosage changes before or during participation in the program.
- I have truthfully informed Awayk B.V. of my medication use; either no use or (in the case of the SSRI/SNRI) specified which one(s) and in what dosage. I am over 24 years old.
- I am fully responsible for my participation in this program. I choose to participate in these methods and take psilocybin-containing truffles. Nobody forces me to do this.
- I have taken note of the fact that this program is not a form of therapy or official treatment.
- I have truthfully informed Awayk B.V. of any (recent) cases of low/ high blood pressure.
- I have taken note of the fact that one or more of the following reactions may occur during the use of psilocybin: intense emotions, body sensations, visions, nausea and vomiting.
- I have informed Awayk about whether I am under the care of a healthcare professional. If that is the case, I discussed my participation in this program with my attending physician, psychologist or psychiatrist and supplied this information to Awayk.
- I have informed Awayk about whether I suffer from suicidal thoughts, whether I am addicted to any substances, whether my parents were addicted to any substances during my youth or whether I have suffered from any type of abuse.
- I understand that the program that Awayk offers is an experiential program based on psychological, anthropological, holistic and spiritual principles that may or may not benefit my personal growth.
- I have taken note of the fact that our program is meant to find deeper insights into myself.
- Under no circumstances will I leave without notifying my guide about my wish to leave.

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By signing this agreement, I acknowledge that I have thoroughly read and understood all the provided information, and confirm that all information I have submitted in relation to this agreement is true and complete to the best of my knowledge. I agree to adhere to the terms and conditions and affirm my commitment to participate in accordance with these guidelines.

Signature Participant

Place

Date

We strongly recommend all participants to have a contact person (partner, relative or friend) that knows and understands that you are partaking on this journey with us. This will help in your preparation as well as the integration of any insights you gain along this journey. Also, we would like to be able to call this person in the unlikely event of an emergency.

Name and telephone number of contact person: