

Root Source Shamanic Healing

I, _____, being of sound mind and body, have chosen to work with the Iboga medicine under the care and guidance of Zabette Corsan. I am fully aware of the risks involved and I understand that there is no guarantee to the outcome of my experience. I take 100% full responsibility for my choice to ingest this medicine and I have sought the assistance of Zabette Corsan to care for me during my experience. I was advised of the recommended tests for the heart and liver. If I have not provided those results, it is my sole responsibility to ensure the health of both my heart and liver. I agree that this is an in-patient process and acknowledge and understand that my immediate desires after the experience may not best be undertaken in the timing I desire. I therefore agree that I will remain on location, under the care of Zabette Corsan for my entire stay until _____(date).

Signed at Root Source Shamanic Healing location at:

(This form to be signed on arrival of the treatment location)

Name: (please print) _____

Signature: _____

Date: _____(dd/mm/yyyy)