STAGE A

1. Participant and Membership Information

Complete personally. Submission does not create membership, guarantee acceptance, reserve a ceremony place or establish legal authorization of any kind.

Legal name _____ Preferred name _____

Date of birth _____ Age _____

Email _____ Mobile phone _____

Home address (street, city, county or parish, state, ZIP) _____

Sex: ☐ Male ☐ Female Government photo ID reviewed in person by staff: ☐ Yes ☐ No Staff initials: _____

Staff record only that an ID was reviewed. Do not record the ID number, copy or photograph the ID.

> Minimum age: Applicants must be at least 21. This is Church policy and applies in every state regardless of the local age of majority. No person under 18 may be present on ceremony property for any reason, including as a companion or driver.

Religious relationship

Answer in your own words. There is no right answer and nothing to study. We want to hear from you, not from anyone else.

What draws you to The Right Medicine Church?

What would being a member of The Right Medicine Church mean to you?

How have you taken part in the Church community so far, apart from any sacramental ceremony?

Applicant acknowledgments

- ☐ I request consideration for membership in The Right Medicine Church.
- ☐ I understand membership and ceremony eligibility are separate decisions.
- ☐ I understand a donation does not purchase sacrament or guarantee participation.
- ☐ I understand membership does not itself make any controlled substance lawful in any state.
- ☐ The answers above are my own.
- ☐ I understand the Church may decline or postpone my application without stating a reason.

Language and assistance

If you cannot read English comfortably, ask staff for help before signing. A helper may read the questions to you and write your answers exactly as you give them.

- ☐ I completed this form without help.
- ☐ A helper read the questions and wrote my answers as I gave them (helper signs below).

Helper printed name (if any) _____ Relationship to applicant _____

Helper signature _____ Date _____

Applicant signature _____ Date _____

STAGE B — CONFIDENTIAL SCREENING

Stage B is released only after the Church confirms membership interest. Screening information is restricted to designated personnel (see Privacy Notice, Section 8).

2. Emergency, Transportation and Support Plan

A participant may not drive, operate machinery or leave Church supervision without an approved plan while impaired or otherwise unsafe.

Primary emergency contact

Name _____ Relationship _____

Phone _____ Email _____

Their address or location during the ceremony _____

Secondary emergency contact

Name _____ Relationship _____

Phone _____ Email _____

Transportation plan

☐ A sober, licensed adult driver will pick me up.

☐ An approved transportation service has been arranged.

☐ I will remain overnight at the approved location.

☐ Other plan described below.

Driver / support person's name _____ Phone _____

Vehicle or transport details _____ Expected pickup time _____

Where will you stay for the first 24 hours after release? _____

Who can remain available to support you during the first 24–72 hours? _____

Emergency authorization

If Church personnel reasonably believe I face a medical or psychiatric emergency, I authorize them to call 911 and to disclose information reasonably necessary for emergency care. I understand spiritual interpretations will not be used to delay emergency assistance. If I become unable to communicate or decide for myself during Church programming, I authorize Church personnel to act on the transportation, support and emergency plan approved in this packet. This authorization does not permit non-licensed personnel to diagnose, prescribe or practice medicine.

☐ I authorize emergency contact as stated above.

☐ I authorize emergency medical transport when staff reasonably determine it is necessary.

☐ I authorize staff to act on my approved plan if I cannot decide for myself.

3. Physical Health Screening

Check current and past conditions. A checked item is reviewed under the Church's written escalation tiers (Section 10); it does not by itself determine eligibility.

- ☐ Heart disease, heart attack or heart surgery
- ☐ Chest pain, fainting or unexplained shortness of breath
- ☐ High or uncontrolled blood pressure
- ☐ Irregular heartbeat or implanted cardiac device
- ☐ Stroke, aneurysm or blood-clotting disorder
- ☐ Seizure, epilepsy or serious neurological condition
- ☐ Concussion or head injury in the past 12 months
- ☐ Sleep apnea or other sleep-breathing disorder
- ☐ Kidney disease or impaired kidney function
- ☐ Liver disease or impaired liver function
- ☐ Diabetes or blood-sugar instability
- ☐ Glaucoma, detached retina or serious eye condition
- ☐ Asthma or other respiratory condition
- ☐ Recent surgery, fracture, dislocation or major injury
- ☐ Current infection, fever or contagious illness
- ☐ History of heat illness, dehydration or electrolyte imbalance
- ☐ Chronic dietary restriction, disordered eating, or unintentional weight loss in the past 90 days (a short planned pre-ceremony fast under Church instructions is not this)
- ☐ Severe allergy or anaphylaxis
- ☐ Other condition affecting safe participation

For each checked item, provide diagnosis, dates, present status, treatment and treating professional.

Current height

Current weight

Most recent blood pressure and date

Resting heart rate, if known

Participants capable of pregnancy

Complete if you have a uterus and could become pregnant. Answer for medical safety; nothing here creates a legal identity determination.

- ☐ Currently pregnant
- ☐ Pregnancy is possible or status is uncertain
- ☐ Currently breastfeeding
- ☐ None of the above

First day of last menstrual period, if applicable

Pregnancy, possible pregnancy or breastfeeding requires postponement. This is a Tier 1 stop (Section 10).

Primary healthcare professional, if any

Name and credential

Phone

Practice / clinic

Permission to contact: ☐ Yes ☐ No

4. Mental Health and Immediate Safety

Answering yes does not invite judgment. It allows the review team to decide whether participation should be postponed, declined or referred for independent assessment.

- ☐ Psychosis, hallucinations outside substance use, or delusional episode
- ☐ Schizophrenia-spectrum diagnosis
- ☐ Bipolar disorder, mania or hypomania
- ☐ Severe dissociation or dissociative identity disorder
- ☐ Psychiatric hospitalization
- ☐ Suicide attempt or intentional self-harm
- ☐ Current major depression
- ☐ Panic attacks or severe anxiety
- ☐ Post-traumatic stress symptoms
- ☐ Eating disorder with current medical risk
- ☐ Recent major bereavement or destabilizing life event
- ☐ Family history of psychosis, schizophrenia or bipolar disorder

Provide dates, current status, treatment, hospitalizations and relevant family history for checked items.

Current mental-health professional, if any

Name and credential

Phone

Current treatment frequency

Permission to contact: ☐ Yes ☐ No

4A. Immediate Safety Questions — Tear-off page

These questions use the pattern of the Columbia Suicide Severity Rating Scale. Answer each honestly. A yes does not mean you are judged; it means we pause the process and make sure you have the right kind of support.

In the past month, have you wished you were dead or wished you could go to sleep and not wake up? ☐ Yes ☐ No

In the past month, have you actually had any thoughts of killing yourself? ☐ Yes ☐ No

In the past month, have you been thinking about how you might do this? ☐ Yes ☐ No

In the past month, have you had these thoughts and some intention of acting on them? ☐ Yes ☐ No

In the past month, have you started to work out or worked out the details of how to kill yourself, or done anything to prepare? ☐ Yes ☐ No

Have you ever, in your lifetime, done anything, started to do anything, or prepared to do anything to end your life? ☐ Yes ☐ No

Do you currently believe you may harm another person? ☐ Yes ☐ No

Are you currently unable to care safely for yourself (feeding, hydration, shelter, hygiene)? ☐ Yes ☐ No

If any answer above is YES: STOP. Do not continue this application. This form is not monitored as a crisis service. Call or text 988 (Suicide & Crisis Lifeline), call 911, or go to the nearest emergency department. For a medication or substance concern, call Poison Control at 1-800-222-1222 (national line, routes to your state). Church personnel must follow the written Emergency Escalation Policy (D-5) and record the escalation in Section 10.

Digital version: a YES on any of the eight questions must lock the remaining pages and display the resources above. The applicant may resume only after staff review. Paper version: this page tears off and is filed separately from the rest of the packet.

5. Medication, Supplement and Substance Disclosure

List every prescription, non-prescription medicine, supplement and substance used recently, including anything taken today. Attach an additional sheet if you need more rows. Do not stop or change prescribed treatment to qualify.

Medication rule: Church ministers, facilitators and the Safety Lead do not prescribe, diagnose or provide taper or timing schedules. Never stop, reduce or change a prescription medication without the supervision of the licensed professional who prescribes it. The Church may require independent written clearance or postpone participation.

Medication / supplement / substance	Dose or amount	How often	Last used	Prescriber / reason

Check every category that applies to anything listed above or used in the past 90 days:

- ☐ Prescription psychiatric medication (any kind)
- ☐ Blood-pressure or heart medication
- ☐ Allergy, cold or decongestant medication (including any cough syrup with DXM/dextromethorphan)
- ☐ Any herbal product for mood, sleep or energy (teas, tinctures, capsules)
- ☐ Kava, kratom, ashwagandha or rhodiola
- ☐ Alcohol
- ☐ Other psychoactive or recreational substance
- ☐ Stimulant or ADHD medication
- ☐ Opioid, pain or cough medication
- ☐ Sleep medicine, sedative or benzodiazepine
- ☐ St. John's Wort, 5-HTP, SAMe or L-tryptophan
- ☐ Yohimbe, ephedra or ma huang
- ☐ Cannabis
- ☐ None of the above

The categories above overlap with medications known to interact with ayahuasca. Any prescription psychiatric medication, tramadol, dextromethorphan (DXM), triptans for migraine, lithium, linezolid, methylene blue, or an MAOI — and the serotonergic herbals named above (St. John's Wort, 5-HTP, SAMe, L-tryptophan) — is presumptively Tier 1 (Section 10). The Church's licensed medical reviewer may downgrade an individual case in writing; ministers may not.

Dietary disclosure (medical)

Ayahuasca is an MAOI. Foods high in tyramine can cause a hypertensive crisis when combined with an MAOI. The pre-ceremony diet is a MEDICAL requirement, not a religious preference. See D-2 for the full list; categories to avoid include aged and hard cheeses, cured or smoked meats, fermented soy (soy sauce, miso, tempeh), aged/pickled/fermented foods, draft or unpasteurized beer, and overripe fruit.

- ☐ I have received and read the D-2 dietary requirements.
- ☐ I confirm I have followed the required diet for the period specified in D-2.
- ☐ I have questions about the diet — staff to review before signing.

Medication allergies and reactions

Any medication or substance recently started, stopped or changed? Include date and reason.

6. Preparation, Capacity and Participant Responsibilities

Religious preparation instructions (diet, abstinence, intention work) are given in a separate document. Nothing in that document may address prescription medication; medication matters appear only in the Independent Clearance document.

Current readiness

- ☐ I have stable housing for my return.
- ☐ I have a sober transportation and support plan.
- ☐ I am sleeping adequately and can care for myself.
- ☐ I am not attending under pressure from another person.
- ☐ I can understand instructions and make voluntary decisions.
- ☐ I will disclose material health or medication changes before arrival.

What is your religious intention for participating?

What support will you use if difficult material continues after the ceremony?

Participant responsibilities

- ☐ Follow lawful safety instructions and respect the worship environment.
- ☐ Bring no unauthorized drugs, alcohol, weapons or hazardous items.
- ☐ Do not drive, wander away or leave while impaired or medically unsafe.
- ☐ Do not touch another participant without clear consent.
- ☐ Do not engage in sexual or romantic conduct during Church programming.
- ☐ Do not photograph, record or identify another participant without written consent.
- ☐ Do not share another participant's experience or identity outside the ceremony.
- ☐ Report concerning symptoms, injury, misconduct or boundary violations promptly.
- ☐ Accept that the Church may postpone or stop participation for safety, conduct or legal reasons.

Preparation documents received (staff initials each)

- ☐ D-1 Participant Information and Known Risks
- ☐ D-2 Medication and Independent-Clearance Instructions
- ☐ D-3 Religious Preparation Instructions
- ☐ D-4 Arrival, Lodging and Transportation Instructions
- ☐ D-5 Emergency and Adverse-Event Procedures
- ☐ D-6 Participant Rights and Complaint Process
- ☐ D-7 Integration and Follow-up Resources

Applicant signature — Stage B disclosures are accurate (not consent to participate)

Date

STAGE C — INFORMED CONSENT

Stage C is presented only after the Church has issued written approval for a specific event (Section 10). Staff must be present. Do not present this stage before approval.

7. Informed Consent and Acknowledgment of Risk

This section documents information and voluntary choice. It is not a blanket release of liability for physical injury. Most states, including Louisiana, limit or void advance waivers of that kind; see the State Addendum.

Nature and legal status

> [COUNSEL TO REWRITE BEFORE USE.] The Right Medicine Church describes its practices as religious worship. This document does not represent that ayahuasca or any DMT-containing preparation is lawful. DMT is a Schedule I controlled substance under federal law (21 U.S.C. § 812) and under the law of every U.S. state; the applicable state statute is identified in the State Addendum. Church status, membership, an application, a donation or a signature does not itself create legal authorization. Participation may occur only if and when Church counsel has documented that the Church holds and maintains every authorization required for the proposed activity. [State the Church's actual authorizations and limitations here, including the status of any federal RFRA petition and any state-level action, for the state named in the addendum.]

Sacrament disclosure (completed by staff before signing)

Exact sacrament / preparation name _____ Batch or lot ID _____

Date, ceremony location and state _____

Disclosed ingredients and any additional plants or substances _____

Responsible minister _____ Safety Lead (name and any state license held) _____

Known and reasonably foreseeable risks (initial each)

☐ Nausea, vomiting, diarrhea, dizziness, tremor, sweating and weakness
☐ Temporary changes in blood pressure, heart rate and body temperature
☐ Serotonin syndrome (a life-threatening reaction to combined serotonergic substances)
☐ Hypertensive crisis from combining an MAOI with tyramine-containing foods or other MAOIs
☐ Intense fear, panic, confusion, grief, disturbing memories or loss of orientation
☐ Falls, wandering, collision, aspiration or choking associated with vomiting
☐ Other medication or substance interaction, including potentially severe toxicity
☐ Seizure, fainting, cardiovascular event or other medical emergency
☐ Mania, psychosis, prolonged anxiety, dissociation or psychiatric destabilization
☐ Persistent perceptual changes (HPPD) or prolonged reduction in normal functioning
☐ Need for emergency evaluation, hospitalization or extended follow-up
☐ Possible worsening of symptoms or no desired spiritual benefit
☐ Rare serious injury or death, including risks not presently known

Membership re-attestation

☐ I am a current member of The Right Medicine Church.
☐ My reasons for participating today are religious, in my own understanding.
☐ No one has offered me anything of value to say this.

Voluntary choice and alternatives

☐ I may decline the sacrament before it is offered.

☐ I may decline an additional serving. An additional serving is offered only by the responsible minister after consulting the Safety Lead, and only up to the maximum recorded in Section 11.

☐ My alternative is not to participate and to seek ordinary religious fellowship or independent professional care.

☐ No result, healing, cure, vision, revelation or transformation has been promised.

☐ I understand this is not medical, psychiatric or psychotherapeutic treatment.

☐ I understand a donation does not purchase sacrament. Any refund policy is set out in a separate document (P-4).

8. Participant Rights, Touch Boundaries and Privacy

Rights apply before, during and after ceremony and cannot be waived through spiritual pressure.

Participant rights

☐ Receive accurate information and ask questions before signing.

☐ Know who will be present and each person's role (staff roster provided).

☐ Report misconduct to the Complaint Contact named below.

☐ Receive a copy of every agreement signed.

☐ Be treated with dignity and without threats, humiliation or retaliation.

☐ Refuse supportive touch or withdraw prior permission at any time.

☐ Receive reasonable privacy and an explanation of lawful exceptions.

☐ Receive emergency assistance without spiritual delay or punishment.

> Complaint Contact (a Church board member who does not facilitate ceremonies): [NAME] | [PHONE] | [EMAIL]. The Church prohibits retaliation of any kind against a participant or staff member who raises a concern in good faith. Retaliation is itself grounds for removal from the Church.

Touch preferences

☐ No supportive touch.

☐ Hand or forearm only.

☐ Shoulder or upper back only.

☐ Ask me each time before any supportive touch.

Sexualized touch is prohibited. Touch to the chest, buttocks, groin or other intimate area is prohibited except lawful emergency care by a qualified person. Permission for supportive touch may be withdrawn verbally, physically or by gesture. Staff may use the minimum reasonable safety contact necessary to prevent an immediate fall, collision, wandering or similar injury.

Privacy notice

The Church restricts access to screening information to designated personnel with a defined role. Information may be disclosed (a) with your written permission, (b) when reasonably necessary for emergency care, (c) when required by law, or (d) under another exception approved by counsel. State law requires certain reports regardless of confidentiality, typically including suspected abuse or neglect of a child or of a vulnerable adult; in many states members of the clergy are mandatory reporters. The specific duties for this state are listed in the State Addendum. [COUNSEL TO CONFIRM PER STATE.] The Church does not describe this information as protected by HIPAA unless counsel confirms HIPAA applies. Records are stored in [SYSTEM], access is limited to [ROLES] and logged, and records are retained for [__] years under the approved Records Policy, then destroyed by [METHOD].

☐ I received the privacy notice.

☐ I authorize designated screening personnel to review this application.

☐ I understand group participants cannot be guaranteed to maintain confidentiality.

☐ I understand no photograph, recording or identifying detail of me may be used by the Church for any purpose unless I sign a separate media release (P-2). Silence is not consent.

9. Applicant Declarations and Signatures

Do not sign until staff has provided documents D-1 through D-7, answered your questions and completed the review interview.

☐ I completed this form personally and the information is complete and accurate to the best of my knowledge.

☐ I will report material changes in health, medication, substance use, pregnancy status or mental state before participation.

☐ I understand the Church may request independent professional clearance and may postpone, decline or stop participation.

☐ I understand that acceptance, membership, donation and signature do not independently establish legal authorization for controlled-sacrament activity.

☐ I received and reviewed documents D-1 through D-7 identified in this packet.

☐ I had a reasonable opportunity to ask questions and received answers I understood.

☐ I voluntarily accept the inherent risks specifically disclosed to me. Nothing in this agreement releases liability that cannot lawfully be released under the law of the state named in the State Addendum.

☐ This agreement is governed by the laws of the State of _____. [Counsel: venue clause per State Addendum, item N.]

☐ I consent to electronic records and signatures under the federal E-SIGN Act (15 U.S.C. § 7001 et seq.) and the applicable state electronic-transactions law, and request a complete copy of the signed record.

Applicant

Printed name _____ Date _____

Signature _____ Time _____

Reviewing minister or intake representative

Printed name _____ Date _____

Signature _____ Time _____

Independent medical or mental-health reviewer, when required (name, credential, state license no.)

Printed name _____ Date _____

Signature _____ Time _____

Electronic version must capture: consent-text version number, date/time stamp, IP address and device identifier for each signature. Separate signatures are required for media, research, disclosure to outside professionals, materially revised touch preferences, and any later version of this consent.

STAFF ONLY — KEEP AS A SEPARATE FILE WITH RESTRICTED ACCESS

10. Eligibility, Venue and Escalation Record

The applicant does not see this section. A decision must be based on the written tiers below, not intuition alone. Tier classifications are assigned by the Church's licensed medical and mental-health reviewers and adopted by the board.

Applicant name _____ Application received _____

Reviewer _____ Interview date _____

Tier 1 — Absolute stop (postpone; no minister discretion)

- ☐ Under 21
- ☐ Current psychosis, mania or severe destabilization
- ☐ Uncontrolled cardiovascular or neurological condition
- ☐ No approved transport, lodging and support plan
- ☐ Any YES on immediate-safety questions (Sec. 4)
- ☐ Pregnancy, possible pregnancy or breastfeeding
- ☐ Medication class designated Tier 1 by the medical reviewer [LIST]
- ☐ Venue or legal authorization not cleared (below)

Tier 2 — Independent written clearance required before approval

- ☐ Any prescription psychiatric medication
- ☐ Seizure history
- ☐ Psychiatric hospitalization or suicide attempt (any time)
- ☐ Concussion in past 12 months; sleep apnea
- ☐ Blood-pressure or heart medication
- ☐ Diabetes or blood-sugar instability
- ☐ Recent medication start, stop or change
- ☐ Recent fasting or significant weight loss

Tier 3 — Interview review

- ☐ All other checked items in Sections 3–5
- ☐ Recent bereavement or destabilizing event
- ☐ Incomplete, inconsistent or apparently inaccurate disclosure
- ☐ Family history items

Venue siting and legal clearance (each event)

- ☐ Completed, counsel-signed State Addendum exists for the state where this event will occur: [STATE]
- ☐ Ceremony site is NOT within 1,000 ft of any school, college, university, playground or public housing (federal 21 U.S.C. § 860(a))
- ☐ Ceremony site is NOT within 100 ft of any public or private youth center, public swimming pool or video arcade (federal 21 U.S.C. § 860(e))
- ☐ State drug-free-zone distances and categories from the addendum checked (may be wider than federal)
- ☐ Church property is NOT posted as a drug-free zone and no posting is planned
- ☐ Occupancy and overnight use cleared with the state fire marshal / local authority as applicable
- ☐ Church is a nonprofit in good standing in its state of formation and registered in the event state if required; board resolution adopting this packet is in the minutes
- ☐ Counsel has confirmed the legal-status paragraph (Sec. 7) is current for this event and this state
- ☐ Nearest hospital emergency department identified and route known: [NAME / ADDRESS]
- ☐ Safety Lead holds current CPR/first aid; any state professional license recorded
- ☐ Facilitator-to-participant ratio meets or exceeds the minimum set by the medical reviewer: 1 facilitator per [__] participants; at least one designated sober support person present
- ☐ Pre-ceremony space check completed (D-5): buckets provided, sharps removed, walking paths clear, temperature and ventilation controlled, sound level within safe range, biohazard PPE available

☐ Independent reviewer(s) named for this event meet the independence criteria (not a Church member, not compensated per participant, currently licensed in the event state)

Review actions

☐ Independent medical review required
☐ Independent mental-health review required
☐ Legal review required
☐ Additional interview required
☐ Emergency escalation completed (attach report)
☐ No escalation identified

Decision

☐ Approved for the specific event identified below
☐ Conditionally approved pending written requirements
☐ Postponed
☐ Declined
☐ Membership approved; ceremony eligibility not approved
☐ Application closed incomplete

Specific event / date, if approved

Approval expiration date

Conditions, rationale and referrals provided

Applicant notified — method and date

Staff initials

Final approving officer

Printed name

Date

Signature

Time

11. Day-of Reaffirmation, Release Check and Follow-up

Complete on the event date and again before the participant leaves Church supervision.

Day-of reaffirmation (participant initials each)

☐ No health condition has materially changed since screening.
☐ No medication, supplement or substance use has been omitted or changed without disclosure.
☐ No current fever, infection, severe sleep deprivation or acute illness.
☐ No current suicidal, violent, psychotic or manic symptoms.
☐ Transportation, lodging and support contacts remain available (confirmed by phone: ☐).
☐ Participant appears able to understand information and decide voluntarily (staff).

Pre-ceremony vitals (Safety Lead)

Blood pressure (mmHg) _____ Pulse (bpm) _____

Oxygen saturation SpO2 (%) _____ Temperature (°F) _____

Time taken _____ Within reviewer-set thresholds? ☐ Yes ☐ No — STOP and escalate _____

Placeholder default stop-thresholds for the medical reviewer to confirm or edit before first use: BP ≥ 180/110 mmHg, HR < 50 or > 120 bpm, SpO2 < 94%, temperature ≥ 100.4°F. Staff do not interpret readings beyond the written threshold.

Capacity attestation (staff observation)

The staff observer confirms the participant is oriented to person, place and time; understands the sacrament being offered and the risks disclosed; and is not under apparent coercion.

Observing staff printed name _____ Role _____

Signature _____ Date / time _____

Servings record

Serving #	Time offered	Amount / dose	Minister initials	Safety Lead initials
1				
2				
3				

Maximum servings authorized for this participant / event _____ Set by (minister + Safety Lead) _____

Release assessment (two staff signatures required)

☐ Minimum interval since last serving met: [__] hours (set by medical reviewer)
☐ Alert and able to communicate coherently
☐ Able to stand and walk safely, with ordinary assistance if normally required
☐ No unresolved chest pain, severe headache, breathing difficulty, seizure or fainting
☐ No uncontrolled vomiting, dehydration concern or altered consciousness
☐ No immediate psychiatric or behavioral danger identified
☐ Released only to the approved transport / support arrangement
☐ Emergency services contacted when indicated
☐ Incident / adverse-event report completed when indicated

Actual release time	Released to / transportation
Support person contacted	Contact time
Staff signature 1	Staff signature 2 (Safety Lead)

Follow-up plan

Contact 1: 48–72 hours — date / responsible person	Contact 2: 14 days — date / responsible person
Contact 3: 30 days — date / responsible person	

Warning-signs sheet from D-7 was provided to the participant and reviewed at release. Warning signs include: sleep disruption lasting more than a week, unusual mood elevation or agitation, new fear or paranoia, persistent perceptual changes, hearing or seeing things others do not, unusual grandiosity, thoughts of self-harm.

- ☐ Warning-signs sheet (D-7) provided at release
- ☐ Integration support offered
- ☐ Licensed mental-health referral
- ☐ No further Church service pending review
- ☐ Routine pastoral follow-up
- ☐ Licensed medical referral
- ☐ Emergency / crisis referral

Notes

INTERNAL — DRAFTING AUTHORITIES AND REQUIRED APPROVALS

12. Federal Authorities

These references inform the packet. They do not convert it into legal or medical advice, and none of them is a permit or exemption. No form, membership or signature makes a Schedule I substance lawful in any state.

- 21 U.S.C. § 812 — Schedule I (DMT); 21 U.S.C. § 841 — prohibited acts; 21 U.S.C. § 860 — enhanced penalties within 1,000 ft of schools, colleges, playgrounds and public housing.
- Religious Freedom Restoration Act, 42 U.S.C. § 2000bb et seq.
- Gonzales v. O Centro Espirita Beneficente Uniao do Vegetal, 546 U.S. 418 (2006).
- DEA, Guidance Regarding Petitions for Religious Exemption from the Controlled Substances Act Pursuant to RFRA (Nov. 20, 2020).
- Employment Division v. Smith, 494 U.S. 872 (1990) — why state religious-freedom statutes matter; not every state has one.
- Electronic Signatures in Global and National Commerce Act, 15 U.S.C. § 7001 et seq.
- HIPAA, 45 C.F.R. Parts 160 and 164 — counsel to determine whether the Church is a covered entity (usually not).

Safety and ethics references (internal only)

- ICEERS, Ayahuasca Good Practice Guide — advance information, screening, interview, consent, emergency planning, follow-up.
- McGuire et al., Reported Safety Practices of Publicly Advertised Psychedelic Retreats, JAMA Network Open 2026;9(1):e2552505.
- Oregon Health Authority psilocybin client forms — structural reference only; cited in no participant-facing document.

13. State Addendum — Template

One addendum per state where the Church operates. Counsel licensed in that state completes and signs it. The core packet may not be used in a state without a signed addendum.

Item	What counsel enters	Entry
A. State	Name of state	
B. Controlled-substance statute	State schedule listing DMT and penalty provision	
C. State religious-freedom statute	State RFRA or constitutional standard, or 'none'	
D. Advance-waiver limits	Statute or case law limiting release of liability for physical injury or gross fault	
E. Drug-free zones	Distances, categories (schools, churches, treatment centers, housing) and whether posting is required	
F. Age of majority	State age of majority (Church minimum stays 21)	
G. Mandatory reporting	Child-abuse and vulnerable-adult reporting statutes; whether clergy are mandatory reporters	
H. Electronic transactions	State UETA or equivalent	
I. Unlicensed practice	Medical / nursing practice acts; Good Samaritan statute and its limits	
J. Data / breach law	State breach-notification and any health-privacy statute	
K. Nonprofit registration	Entity status, foreign registration requirement, charitable-solicitation registration	
L. Venue / occupancy	Fire-marshal, lodging and local-permit rules for overnight religious gatherings	
M. Records retention	Retention period counsel sets and the basis for it	
N. Governing law and venue	Clause text for Section 9	
O. Counsel	Name, bar number, signature, date	

Addendum LA-1 — Louisiana (completed example; counsel to verify)

Item	Entry
A. State	Louisiana
B. Controlled-substance statute	La. R.S. 40:964 (Schedule I, DMT); penalties La. R.S. 40:966
C. State religious-freedom statute	Preservation of Religious Freedom Act, La. R.S. 13:5231 et seq.
D. Advance-waiver limits	La. C.C. art. 2004 — clauses excluding liability for physical injury, intentional fault or gross fault are null
E. Drug-free zones	La. R.S. 40:981.3 — 2,000 ft of schools/colleges and drug-treatment facilities (knowledge not a defense); religious buildings, public housing and day cares only if posted
F. Age of majority	18 (La. C.C. art. 29)
G. Mandatory reporting	La. Ch.C. art. 603 et seq. (clergy included); La. R.S. 15:1504 (adults unable to protect themselves)
H. Electronic transactions	La. R.S. 9:2601 et seq. (Louisiana UETA)
I. Unlicensed practice	La. R.S. 37:1261 et seq. (Medical Practice Act); La. R.S. 37:1731 (Good Samaritan — gratuitous aid only)
J. Data / breach law	La. R.S. 51:3071 et seq. (breach notification; apply its standard to health data)
K. Nonprofit registration	La. R.S. 12:201 et seq.; good standing with Secretary of State
L. Venue / occupancy	Office of State Fire Marshal; parish zoning
M. Records retention	[__] years — reference: 10-year prescription, La. C.C. art. 3499
N. Governing law and venue	Louisiana; venue in the Parish of [____]
O. Counsel	[Name / La. Bar No. / signature / date]

Document inventory (all must exist before first use)

ID	Document	Owner	Status
RMC-INTAKE-01	This packet (Stages A–D, staff section)	Counsel / board	Draft v0.4
SA-[ST]	State Addendum, one per operating state (Section 13)	State-licensed counsel	LA-1 drafted
D-1	Participant Information and Known Risks	Medical reviewer + counsel	[ ]
D-2	Medication and Independent-Clearance Instructions	Medical reviewer	[ ]
D-3	Religious Preparation Instructions (no medication content)	Ministers	[ ]
D-4	Arrival, Lodging and Transportation Instructions	Operations	[ ]
D-5	Emergency and Adverse-Event Procedures (incl. vitals thresholds)	Safety Lead + medical reviewer	[ ]
D-6	Participant Rights and Complaint Process	Board	[ ]
D-7	Integration and Follow-up Resources	Ministers	[ ]
P-1	Records and Data-Handling Policy (system, roles, logging, retention, destruction)	Privacy reviewer + web developer	[ ]
P-2	Media Release (separate signature)	Counsel	[ ]
P-3	Staff Roster and Role Disclosure template	Operations	[ ]
P-4	Refund and Donation Policy (separate from consent form)	Counsel + board	[ ]

Required approvals before use

Reviewer	Name	Signature	Date
Nonprofit / church counsel (state of formation)			

Reviewer	Name	Signature	Date
Federal RFRA and Controlled Substances Act counsel			
State criminal-law review (each operating state)			
Licensed physician or clinical pharmacology reviewer			
Licensed mental-health reviewer			
Privacy, cybersecurity and records-retention review			
Insurance and venue-risk review			
Church board — resolution date and minute-book reference			

Do not publish claims of legality, exemption, tax status, Indigenous affiliation, lineage, clinical efficacy or safety unless each claim is documented and approved by counsel.

Version log

Version	Date	Change	By
v0.1	2026-09-01	Original counsel-review mockup	
v0.2	2026-09-01	Louisiana-only scope; staged structure; tiered escalation; venue siting; reporting sentence; vitals, release and follow-up changes	
v0.3	2026-09-01	Multi-state structure with State Addendum; church name corrected; religious-relationship questions rewritten	
v0.4	2026-09-01	Multi-lens audit: vitals expanded (SpO2, temp) with default thresholds; serotonergic Tier 1 pre-list; tyramine as medical; C-SSRS-style safety questions on tear-off; opt-in media; refund clause removed; secondary emergency contact; venue check expanded; capacity attestation; servings grid; 30-day follow-up; membership re-attestation; anti-retaliation; language accommodation	

E-1 Electronic Records and Signature Consent

THE RIGHT MEDICINE CHURCH | INTAKE PACKET ADDENDUM

Purpose. This addendum is designed to support a secure electronic-signature workflow for this intake packet and related Church application, screening, consent, acknowledgment, release, policy, and follow-up records. It does not replace final review by qualified counsel or the technical controls of the selected e-signature platform.

Consent to electronic records. By selecting the consent checkbox and signing electronically, I affirmatively consent to receive, review, complete, sign, and retain Church intake and ceremony-related records electronically, including records that may otherwise be provided or signed on paper.

Electronic signature intent. I agree that my electronic signature, typed name, checkbox selection, initials, platform signature mark, or other electronic signing action is intended to be my signature and has the same effect as my handwritten signature to the fullest extent permitted by applicable law.

Access and retention. I confirm that I can access, download, print, and retain electronic records using a current web browser, PDF reader, email account, internet access, and a device capable of receiving and storing PDF files. I request a complete copy of each signed record.

Withdrawal and paper copies. I understand that I may request a paper copy or withdraw consent to future electronic records by contacting the Church. Withdrawal does not invalidate records or signatures completed before the withdrawal is received and processed.

Attribution and audit trail. I understand that the electronic signing workflow should capture and retain the consent-text version, date and time, printed name, email address, IP address, device or browser identifier, completed record, and signature/audit history associated with each signing action.

Health and safety information. I understand that intake and screening responses may include sensitive health, medication, mental-health, spiritual, and personal information. I agree to use only the Church-approved intake process and not ordinary unsecured email unless specifically instructed by authorized Church personnel.

Required electronic-signature consent

☐ I consent to electronic records and electronic signatures for this packet and request a complete copy of the signed record.

Printed legal name

Email for signed copy

Typed electronic signature

Date/time signed

Signer initials

Operational note: the e-signature platform should preserve the final PDF, signer authentication/attribution data, and a tamper-evident audit trail.

Counsel note: review state-specific exclusions, healthcare/privacy duties, ceremony-state addenda, and platform compliance before accepting signatures.