

Core Fitness Studios 2020 Ltd. extended coaching product called Psilocybin Journey is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Core Fitness Studios 2020 Ltd. extended coaching product called Psilocybin Journey can involve experiences accompanied by very strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with severe cardiovascular problems, severe hypertension, severe mental illness, acute infectious illness. In some specific cases, this workshop would also not be appropriate in cases of recent surgery/fractures or of epilepsy or various other conditions.

If you have any doubt about whether you should participate, consult your physician or therapist, as well as the facilitators before attending. The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer all questions below as completely as possible.

Any "Yes" answers must be explained in detail on the following page.

1.	Do you have a past history or currently suffer from any of the following:				
a. yes	Cardiovascular disease including heart attacks no				
b. pressur	High blood re	yes	no		
c. yes	Diagnosed Psychiatric Condition no				
d.	Recent surgery yes no				
e. Past or recent physical injuries including fractures/dislocations that are not fully healed yes no					
f.	Present/ current infectious or communicable diseases yes no				
g.	Glaucoma yes no				
h.	Retinal Detachment yes no				



i.	Epileps yes	y (if yes, pls describe in detail on next page) no			
j.	Asthma yes	(if so, please bring inhaler) no			
k. Schiz	Prior dia zophrenia?	agnosis by Healthcare Professional of Bipolar Disorder, or yes no			
l. yes	Osteoporosis that is serious enough that intense movement could cause physical injury no				
m. yes	•				
n.	n. History of aneurysm in immediate family (children, siblings or parents)? yes no				
o. yes	Diabetes no	S			
2. Ar	e you curre	ently pregnant? yes no			
3. Ha	ive you bee	en hospitalized for medical reasons within the last			
page)	-	s (if yes, please describe on next yes no			
4. Ha	ave you ev	er been hospitalized due to an emotional crisis (This could include severe			
depre	ession, suic	cidal thoughts or attempt to commit suicide, a psychotic episode or nervous			
break page)	, ,	Eyes, please describe in detail on the attached yes no			
5. An	•	rently in therapy or involved in any form of support group or yes no			
If yes	s, describe	what kind and for how long?			
6. At	re you curr	rently taking <u>any</u> type of medication?			



If yes, please give names, dosage and reason for taking it.					
7. Is there anything else about your physical or emotional status we should be aware of? yes no					
8. Do you have any addiction? yes no					
9. Have you ever purposely injured yourself or somebody else? yes no					
10. On a scale going from 10 to 1 (10= very good health and					
1= being in a very poor one), could you describe how you					
have been feeling in the last couple of months or weeks.					
Emotionally 1 2 3 4 5 6 7 8 9 10					
Physically 1 2 3 4 5 6 7 8 9 10					
11. Do you have any allergies? yes no					
12. Do you have any nutritional requirements? yes no					
13. Do you oppose to any form of physical safe touches (i.e., Safe touches can include huggin					
pats on the back, holding hand, an arm around the shoulder)? yes no					
If you answered 'ves' to any of the above questions, please elaborate or explain at the					

If you answered 'yes' to any of the above questions, please elaborate or explain at the bottom of this form.



	Ltd. extended coaching product called Psilocybin rowth experience and should not be used as a(initials here)
	Ltd. extended coaching product called Psilocybin periences accompanied by strong emotional and e)
all of the various pieces of the program are a may have an expanded state of awareness exattend this program, I agree to stay for the eleave the program without completing it, I us before leaving to receive any of the Facilitat the consequences of early departure; and (2) Indemnity of Liability Agreement", I will be of leaving early and release and waive any a	and to be safely grounded and ready to return home, very important. Because of this and also because I experience, I understand that in order to be accepted to ntire event. If, despite the above, I still decide to understand and agree that (1) I will notify a Facilitator tor's instructions/directions which could minimize in accordance with the "Release, Waiver, and exacepting full responsibility for any consequences and all claims which I might have against Core the my early departure (initials here)
Please read and sign the following statemen	t.
questions completely and honestly and have	stood the above information and answered all e not withheld any information. If there are any m between now and the time of the program, I will iting immediately.
My general health, as far as I am aware, is g	good.
Name:	Date of Birth:
Sign:	Phone:



e-mail:				
Emergency contact name:	Phone:			
By signing my name below and writing in regard to the answers on this form since I f	today's date, I confirm that nothing has changed in filled it out.			
Sign:	Date:			
Details on any "Yes" Answers:				