Informed Consent and Release of Liability Agreement

Last revised: July 10th, 2026

This Agreement is entered into between the undersigned participant ("Participant") and Earthlings Institute Inc. regarding participation in 5-MeO-DMT session(s) as scheduled for _____.

IMPORTANT – PLEASE READ CAREFULLY.

Before signing this agreement, you should understand:

- **This is not an authorized medical treatment.** This session is not conducted under Health Canada authorization.
- **There are significant risks.** You may experience intense psychological and emotional states, physical effects including nausea and involuntary movements, and a challenging integration period. There may also be unknown or rare risks, including the possibility of serious injury or death.
- **Deposits are non-refundable.** Payment terms are governed by our separate Payment and Refund Policy, available on our website.
- **Your safety comes first.** We may decline to administer medicine, adjust dosage, or end a session early if we have concerns about your safety—with no refund in these circumstances.
- **You are waiving legal claims.** Except in cases of gross negligence or willful misconduct, you agree not to pursue legal action against Earthlings Institute for injuries or adverse outcomes.
- **There are no guarantees.** We cannot promise any specific outcome or benefit.
- **Full medical disclosure is essential.** You must disclose all medications, supplements, and relevant medical history, as dangerous interactions can occur.

If you have questions about anything in this agreement, please ask Sagan Bolliger or Helena Zhu before signing.

SECTION A: UNDERSTANDING THE RISKS

1. **Voluntary Participation:** I understand that participation is entirely voluntary and that I can withdraw my participation at any time. I understand that once I have consumed 5-MeO-DMT, the facilitation team may require me to remain on the premises for my safety until the acute effects of 5-MeO-DMT have passed.

2. **Nature of Experience:** I understand that 5-MeO-DMT is a powerful psychoactive substance that may produce intense physical, emotional, and psychological effects.

3. **Alternative Practice and Unknown Risks:** Sagan, Helena, and the Earthlings team are deeply committed to safe and intentional facilitation of 5-MeO-DMT based on their personal experience and ongoing learning in this field. However, I understand that 5-MeO-DMT use is an alternative practice with limited scientific research, and that there may be risks, including long-term effects and the potential for serious injury or death, that may not be fully known or understood. I understand that the specific risks described in this Agreement are not exhaustive and that additional risks, both identified and unidentified, may exist. I understand that 5-MeO-DMT use is not approved by Health Canada and is not a substitute for medical or psychiatric treatment.

4. **No Guarantee of Outcomes:** I understand that no specific outcome, therapeutic benefit, or result is guaranteed, and that individual experiences and outcomes vary greatly.

5. **Intense Emotional States:** I understand that 5-MeO-DMT can evoke extremely intense emotions including overwhelming fear, profound grief, anger, and other challenging emotional states that may be related to past traumas or the surfacing of other deep psychological material.

6. **Psychological Effects:** I understand that 5-MeO-DMT may cause complete ego dissolution, which may include loss of the memory of part of the experience (“white-out”), and temporary loss of contact with ordinary reality for the duration of the experience.

7. **Physical Effects:** I understand that 5-MeO-DMT may cause involuntary physical movements including flailing, thrashing, or uncontrolled body movements that pose risk of injury. While the facilitation team will make every effort to ensure my safety, I understand that it is not possible to mitigate all risk of injury. I also understand that I may experience nausea and vomiting during my session.

8. **Integration Process:** I understand that the integration process following my session may involve temporary psychological distress and that symptoms, emotions, or psychological challenges may feel more intense or difficult before experiencing improvement or resolution. I understand that I may experience reactivations of my experience during the integration period.

By initialing below, I acknowledge that I have read and understand all provisions in Section A: Understanding the Risks.

Participant Initials: _____

SECTION B: YOUR RESPONSIBILITIES

9. **Preparation Process:** I agree to follow the preparation process as outlined by the facilitation team, including completing journal prompts and other preparatory activities as instructed.

10. **Medication and Supplement Interactions:** I understand that 5-MeO-DMT can have dangerous, potentially life-threatening interactions with medications and supplements, and I am solely responsible for fully disclosing all substances I am taking and immediately informing the facilitation team of any changes to my medication regimen.

11. **Medical History Disclosure:** I affirm that I have fully disclosed my medical and psychiatric history and that, to the best of my knowledge, I am not aware of any conditions that would make my participation unsafe.

12. **Payment and Refund Policy:** I acknowledge that I have read and agree to the Payment and Refund Policy stated on the Earthlings Institute website and accepted on my invoice. I understand this policy governs all payment, cancellation, and refund matters separately from this Agreement.

13. **Confidentiality of Other Participants:** If I am participating in a group session, I agree to keep confidential the identity, presence, and any personal information of other participants I encounter during my session. I will not photograph, record, or share identifying information about other participants without their express consent.

By initialing below, I acknowledge that I have read and understand all provisions in Section B: Your Responsibilities.

Participant Initials: _____

SECTION C: OUR AUTHORITY AND SAFETY PROTOCOLS

14. **Right to Refuse or Limit Dosage:** I understand that all doses and dosages will be agreed upon through consultation between myself and the facilitation team, and that a dose will only be administered if both myself and the facilitation team are in agreement on proceeding. I understand and agree that Earthlings Institute Inc. and its facilitation team reserve the sole and absolute discretion to refuse to administer 5-MeO-DMT, to limit the dosage administered, or to decline to administer additional doses if, in their judgment, doing so is necessary for my physical or psychological safety, is inconsistent with my stated therapeutic goals, or if I have not adequately completed preparation requirements. I understand that this determination may be made at any time, including immediately before or during a scheduled session. I acknowledge that fees paid are non-refundable and are not conditional on receiving a certain number of doses or reaching a certain dosage.

15. **Right to Terminate Session or Remove Participant:** I understand and agree that Earthlings Institute Inc. and its facilitation team reserve the sole and absolute discretion to terminate a session or to ask me to leave the premises at any time if, in their judgment, there is concern for:

    - The safety of facilitators or other participants due to my actions or behavior
    - The safety or integrity of the property due to my actions or behavior
    - My state of intoxication or impairment from substances not administered as part of the session
    - My compliance with the medication and medical history disclosure obligations

    I understand that this determination may be made at any time during my participation. I acknowledge that fees paid are non-refundable in such an event.

16. **Physical Contact During Sessions:** I understand that the facilitation team may make physical contact with me during my session. This includes contact for safety purposes—such as preventing injury during involuntary movements, positioning my body safely, or guiding me away from hazards. I consent to such contact as a condition of participation.

    I understand that the facilitation team may also offer supportive, non-safety-related touch, such as grounding touch or holding my hand. I understand that this is optional, that I will be asked about my preference before the first dose, and that I may change my preference at any time.

17. **Emergency Medical Interventions:** I understand that medical emergencies, though rare, may occur during my session. I consent to the facilitation team taking all reasonable emergency measures necessary to preserve my life and health, including clearing my airway, performing CPR, using an AED, and any other life-saving interventions they deem necessary. I understand that this consent applies even if I am unconscious or appear to resist treatment while under the influence of 5-MeO-DMT. I consent to the facilitation team calling emergency medical services (911) if they determine I am experiencing a medical emergency, and to emergency medical treatment as deemed necessary by medical professionals. I understand that I am responsible for all costs associated with emergency medical care, ambulance transport, or hospitalization.

18. **Post-Session Safety and Transportation:** I agree not to operate a vehicle or heavy machinery after my session until the facilitation team confirms I am safe to do so. I agree to remain on the premises until the facilitation team determines it is safe for me to leave, and to arrange safe transportation home if I am not cleared to drive.

By initialing below, I acknowledge that I have read and understand all provisions in Section C: Our Authority and Safety Protocols.

Participant Initials: _____

SECTION D: LEGAL AGREEMENT AND RELEASE OF LIABILITY

19. **Assumption of Risk:** I voluntarily assume all risks associated with participation, including but not limited to the specific risks outlined above, up to and including serious injury or death.

20. **Release of Liability:** I, for myself and on behalf of my heirs, next of kin, executors, administrators, personal representatives, successors, and assigns, release Earthlings Institute Inc., its owners, directors, officers, employees, contractors, agents, the property owners, and their family members (collectively, the "Released Parties") from any and all claims, demands, or causes of action arising from my participation, except in cases of gross negligence or willful misconduct.

21. **Indemnification:** I agree to indemnify and hold harmless the Released Parties from any third-party claims and related attorneys' fees arising from my participation.

22. **Severability:** If any provision of this Agreement is found to be unenforceable or invalid by a court of competent jurisdiction, that provision shall be limited or eliminated to the minimum extent necessary so that the remainder of this Agreement shall continue in full force and effect.

23. **Entire Agreement:** This Agreement constitutes the entire agreement between myself and Earthlings Institute Inc. regarding my participation in the 5-MeO-DMT session(s) and supersedes all prior discussions, emails, representations, understandings, and agreements, whether written or oral. This Agreement does not govern payment terms, refund policies, or cancellation policies, which remain governed by the Payment and Refund Policy acknowledged in Clause 12 above. No modification to this Agreement shall be valid unless made in writing and signed by both parties.

24. **Governing Law:** This Agreement is governed by the laws of British Columbia, Canada. Any legal proceeding arising out of or relating to this Agreement or my participation shall be brought exclusively in the courts of British Columbia.

By initialing below, I acknowledge that I have read and understand all provisions in Section D: Legal Agreement and Release of Liability.

Participant Initials: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND VOLUNTARILY AGREE TO ITS TERMS.

By signing below, I acknowledge that:

I am at least 19 years of age, the age of majority in British Columbia

I have read and understand this entire 7-page Agreement

I have been offered the opportunity to ask questions about this Agreement

I am signing this Agreement voluntarily and without coercion

Participant Name: _____

Signature: _____ Date: _____