



The Journey Within: An Ayahuasca Retreat in the comfort of the Sacred Valley

REGISTRATION FORM:

I am deeply honored to lead you in this life-changing journey to your inner landscape, held by the mesmerizing beauty and wonder of the Sacred Valley in Peru. You have answered the call of Grandmother Ayahuasca, and I am so excited for you! Please fill in the following information, review and sign the Terms and Conditions, inclusions and exclusions, and finally sign the release of liability form. Enclose a copy of your passport. Please keep a copy of this information for yourself, and mail the forms with payment to:

Life Journeys, LLC
3714 Wind Cliff Ln
Joplin, MO 64804

As soon as you say yes to the journey, grandmother aya begins working on your behalf to prepare you for the healing and personal growth ahead. Don't hesitate to reach out if you are confused or distressed by this spiritual preparation. I will be your human guide all along the way! Expect to receive comprehensive guidance regarding preparations such as the dieta beginning in January 2026.

The Journey Within: An Ayahuasca Retreat in the Sacred Valley April 8-13th, 2026 | Peru

Please complete this form and return it by mail with a copy of your passport and a check made out to Life Journeys.

Name on Passport: _____ Preferred name: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____
Email Address: _____
Passport Number: _____ Expiration Date: _____
Country of Issue: _____

Do you have any significant physical or mental health concerns, or are you taking any medications? _____

Are you willing to schedule a phone call to discuss details about any medical concerns? _____

Have you traveled to Peru before? Yes No

Have you spent time at altitudes of 8000-10,000 feet above sea level? Yes No

Have you worked with psychedelic plant medicine before, and how was your experience, if so? _____

I have completed the enclosed medical screening form and scheduled my intake call if needed. Yes No

I am enclosing a check in the amount of:

\$2500, the total land costs of the trip

\$500 non-refundable deposit (with balance due by January 5, 2026)

I am also attending Journey with the Apus and qualify for a \$500, so enclosing \$2000

TERMS AND CONDITIONS for The Journey Within – Ayahuasca Retreat, 2026

- \$500 non-refundable deposit holds your place and is due no later than October 15, 2025.
- Between October 2, 2025 and January 5, 2026, a minimum payment of \$1250 is required to register, and subject to the cancellation policies below. After January 5, 2026, full payment is required to register and subject to the refund policies below.
- The total cost is \$2500 and must be paid in full by January 5, 2026.
- Deposits are refundable for 48 hours after registration, minus any processing fees. After that, the \$500 deposit is non-refundable.
- Payments by credit card or digital methods will incur an additional 3.5% processing fee.
- A \$500 discount is available for participants also registered for Journey with the Apus.
- Registration fees (minus deposit) are fully refundable up to October 5, 2026, and 50% refundable (minus deposit) until January 5, 2026. After that, refunds are only possible via your travel insurance.
- If Life Journeys, LLC cancels this retreat for any reason, more than 180 days before the trip, all funds including deposit are refunded.
- If canceled by Life Journeys 90–180 days out for reasons beyond our control, all but the \$500 deposit is refunded.
- If the retreat is canceled for reasons beyond our control less than 90 days out, any refunds are dependent on third-party vendors and your travel insurance.
- By registering, participants acknowledge that international travel in remote areas, high altitudes, and rugged terrain carries inherent risks, and that they are solely responsible for their own safety.
- By registering, participants acknowledge that ingesting any form of plant medicine carries inherent mental, emotional, physical and spiritual health risks, and assumes full responsibility for any impacts that may occur before, during, or after the retreat.
- By registering, participants agree to all terms and assume responsibility for their emotional well-being, safety, belongings, and health.
- I have reviewed the Inclusions & Exclusions and acknowledge I will be responsible for my own airfare and booking my own flights.
- I acknowledge I will be responsible for my own meals and lodging in Cusco on April 13th, whether I am participating in the Journey of the Apus on 4/24/25, or traveling home. (Booking assistance available upon request.)

I _____, have read the above terms & conditions, the following inclusions/exclusions, liability release form, and I accept full responsibility for myself while agreeing to these terms.

Signed: _____ Date: _____

INCLUSIONS

- Life-changing experiences and authentic ceremonies facilitated by a Ayahuasquero shaman, bilingual facilitator, and master's level therapist within a small, intimate group.
- Trip preparation and travel guidance from Angie in the 3-6 months leading up to the journey and two integration meetings by video conferencing following the retreat.
- Group processes and supportive healing activities supporting the integration of experiences before, during and after the journey.
- Private transportation for the group from Cusco to our lodge just outside of Urubamba, and back to Cusco at the end of the retreat.
- All meals are provided while onsite during the 6-day itinerary, with partial fasting days, as prescribed by the dieta.
- Private rooms with private bathrooms and cleaning services.
- All group activities, including walks, talks, processing, intention-setting, sacred movement and ceremonies by Medicine People.
- Services of logistical coordinator, translators, guides, and facilitators.

EXCLUSIONS:

- Airfare: US domestic, International, or flights within Peru.
- 1 night Hotel stay in downtown Cusco (internet available) on April 13th, at the conclusion of this retreat, and before the Journey of the Apus trip.
- Any additional accommodations, meals or activities after the conclusion of this retreat are your responsibility (unless you are continuing on The Journey of the Apus, and then just one night's stay and meals on your own for a day and a half.
- Optional gratuities. [Please consider bringing \$250 cash to tip our guides, shamans, drivers and retreat staff.]
- Travel/trip insurance. [Travel insurance for medical emergencies including trip cancelation insurance is strongly recommended.]
- Bottled water [needed throughout your stay unless using a water filter approved for international travel such as GRAYL or LIFESTRAW]
- Items of a personal nature (rain gear, laundry, medications, toiletries, snacks, etc.)
- Personal healing sessions with the shamans/facilitators [optional, plan on \$150 per session].
- Sapo/Bufo Ceremony (additional cost of \$250)
- Brain Mapping Services (additional cost of \$300-500)
- Purchases of souvenirs, weavings, paintings, jewelry, ect

I have reviewed the Inclusions & Exclusions and acknowledge I will be responsible for my own airfare and booking my own flights.

I acknowledge I will be responsible for my own meals and lodging in Cusco on April 13th, whether I am participating in the Journey of the Apus on 4/24/25, or traveling home. (Booking assistance available upon request.)

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK AGREEMENT

Life Journeys, LLC | The Journey Within: An Ayahuasca Retreat in the Sacred Valley

April 2026 | Peru

Assumption of Risk

I acknowledge that I have voluntarily chosen to participate in the retreat known as The Journey Within: An Ayahuasca Retreat in the Sacred Valley, facilitated by Life Journeys, LLC in partnership with Tiwaz Awakening.

I, the undersigned, waive all rights to seek compensation from Life Journeys, LLC, Tiwaz Awakening, the retreat lodge owners, and any related contracted employees, volunteers and business owners, in case of injury, loss or damage as a result of my work during and after the ceremony. I understand that my participation in the ceremony with ayahuasca and any other plant medicine is completely voluntary.

I understand that the work with ayahuasca or any other medicinal or master plant in which I choose to participate may be physically, mentally, emotionally, or spiritually demanding. I understand that I may experience dizziness, nausea or other physical or emotional upsets. These may include vomiting and diarrhea.

I understand that participation in this retreat involves inherent risks, including but not limited to:

- Participation in traditional Ayahuasca and other plant medicine ceremonies
- Emotional and psychological intensity, possible trauma release, and inner healing
- Physical strain during activities such as hiking or being in high-altitude locations
- Travel and lodging in remote areas with limited access to medical care
- Cultural immersion and exposure to unfamiliar customs and conditions

I freely and voluntarily assume all such risks and take full responsibility for my participation.

Medical Responsibility

- I confirm that I am physically and emotionally capable of participating in this retreat.
- I agree that I will keep myself safe at all times and respect my own, other's processes.
- I explicitly acknowledge that I have disclosed all relevant medical and psychological history to the organizers.
- I agree that I am solely responsible for my own medical care, medications, and health insurance.
- I understand that I have been advised to obtain travel insurance that covers medical emergencies, cancellations, and evacuation if needed.

Travel and Logistics

I understand that airfare is not included in the retreat package and that I am responsible for my own transportation to Cusco, Peru. I further understand that lodging and meals are not included after the conclusion of The Journey Within, and prior to continuing on the Journey of the Apus. I will be responsible for my own lodging, transportation and meals in Cusco on April 13th until the meeting with Angie Fenske on April 14th in Cusco.

I release Angela Fenske, LCSW, Life Journeys, LLC and all partners from liability for any delays, cancellations, or other issues related to air travel, baggage, hotels, or transportation.

Cultural and Spiritual Sensitivity

I understand that the ceremonies are rooted in Indigenous Andean and Amazonian traditions. I agree to approach all spiritual practices with respect, humility, and openness, and to follow the guidance of the facilitators and medicine keepers. I will respect the ceremonial space and the process of others in the group. Participants may be asked to leave if their behavior becomes extremely disruptive, threatening and/or dangerous to themselves or others during the trip. No refunds will be given in this case. Facilitators, guides, and medicine people are available to you if you find yourself struggling to participate safely and appropriately.

Media Consent

I understand that photographs or video may be taken during the retreat. I grant permission for Life Journeys, LLC to use such media for promotional purposes, unless I opt out in writing. I will consider providing an honest review about my experiences.

Binding Agreement

In consideration of being allowed to participate, I waive, release, and discharge Angela Fenske, LCSW, Life Journeys, LLC, Tiwaz Awakening, and their owners, facilitators, agents, and staff from any and all claims or causes of action arising from or related to this retreat. This agreement is binding upon my heirs, assigns, and legal representatives.

Participant Name (Printed): _____

Signature: _____ Date: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Email Address: _____

Address: _____

Safety Screening Form for The Journey Within & Beyond the Self

All information contained in this form will remain strictly confidential and is necessary to ensure safety for all participants. Please be completely honest!

Name: _____

Age: _____ Phone number: _____

Dietary restrictions/allergies (if any): _____

What are your reasons for working with Ayahuasca at this time? _____

What do you expect to get from your work with ayahuasca? _____

Do you have experience with entheogenic plants or psychedelic substances? Please explain:

Are you committed to compliance with the preparatory dieta and integration suggestions?
_____ Please describe any concerns or questions you may have about this: _____

If you answer YES to any of the following questions, please elaborate.

Have you had any surgeries recently, or any surgeries that still impact your health/pain?

Do you suffer from any type of cardiovascular illness, including high blood pressure?

If yes, explain: _____

Have you ever been treated or hospitalized in the past for psychiatric/psychological reasons? Please explain for what and how long ago: _____

Do you believe you have any undiagnosed psychiatric disorder or symptoms of? If yes, what: _____

Are you currently on any medications? If so, please list them, their purpose, dosage, and length of use: _____

Are you willing/able to discontinue these meds for 2-4 weeks and 1-2 weeks after the retreat, under the prescribing doctor's care? Yes No

If any meds cannot be safely withheld, please list here: _____

If female, are you pregnant or planning? _____

Is there anything else about your physical, emotional or mental health that we should know? _____

Please briefly list any significant traumatic experiences:

There are various contraindications with this medicine. It is important to respect this for your own safety. If you have been diagnosed with any of the following conditions or have the situations below please contact me personally to discuss your situation so we can work together to determine if you can participate safely.

- I have Schizophrenia or Schizoaffective disorders
- I have Bipolar disorder (currently taking medications or severe)
- I have a Dissociative disorder and/or severe PTSD
- I am currently taking medications or herbal medicine for depression, anxiety, or other mental health issues
- I am taking long-term antibiotics
- I take medications for an autoimmune disorder
- I take medications for high blood pressure or a heart condition
- I take medications for diabetes

- I am taking any prescription or over-the-counter medications that cannot be discontinued four weeks before the retreat
- I have current addiction problems
- I am a regular cannabis user or daily drinker, and don't feel certain I can abstain for at least 2 weeks prior to the retreat
- I take other supplements regularly for pain, insomnia or anxiety, and do not feel certain I can discontinue those at least one week before the retreat
- I am unwilling to adhere to dietary restrictions recommended by the dieta

Any medications or supplements, including over-the-counter medications such as Tylenol, Ibuprofen, antacids or cold remedies, that you may need to take during your retreat must be cleared beforehand with Angie, in partnership with our shaman.

I, the undersigned, attest that the above information is accurate and honest and I agree to adhere to all of the conditions mentioned.

Name: _____

Date: _____

Signature: _____