



Psychedelic Concierge Waiver and Release of Liability

This Agreement is entered into between Psychedelic Concierge, a Psy Insights service, by director Luc van Poelje (hereinafter "the Service Provider") and the undersigned client (hereinafter "the Client"). By signing this agreement, the Client acknowledges and agrees to the following terms and conditions:

1. Acknowledgment of Risks

The Client acknowledges that participation in a psychedelic experience involves inherent risks, including but not limited to psychological distress, emotional challenges, physical discomfort, and the potential for long-term psychological effects. The Client understands that these risks are unpredictable and may vary from person to person. The Client accepts full responsibility for any consequences arising from their participation.

2. Informed Consent

The Client affirms that they have been fully informed about the nature of the experience, the substances involved, and the potential psychological and emotional impacts. The Client agrees to proceed with full awareness of the potential risks and benefits. The Client also confirms that they have had the opportunity to ask questions and that all of their concerns have been addressed.

3. Assumption of Risk

The Client voluntarily assumes all risks associated with the psychedelic experience, including but not limited to any physical, psychological, or emotional reactions that may occur during or after the session. The Client agrees that they are solely responsible for managing their experience and that the Service Provider is not liable for any adverse effects.

4. Limitation of Liability

The Service Provider shall not be held liable for any injury, damage, harm or death that may occur during the psychedelic experience or as a result of the services provided. This includes, but is not limited to, any psychological or emotional distress, medical conditions, or legal issues arising from the Client's participation in the [advised] experience.

5. No Medical or Psychological Advice

The Client acknowledges that the Service Provider is not a licensed healthcare or mental health professional and does not provide medical or psychological treatment or advice. The Service Provider's role is limited to guiding the Client through the identification, introduction of the party facilitating the experience. The Client agrees to seek medical or psychological help from qualified medical professionals before and after, if needed.

6. Legal Status of Psychedelic Substances

The Client acknowledges that the legal status of psychedelic substances varies by jurisdiction. The Service Provider operates within the legal framework of The Netherlands, where certain substances may be legally used, such as psilocybin truffles. The Client is solely responsible for understanding and complying with the laws of their own country or region regarding the use of psychedelic substances. The Service Provider makes no representations regarding the legal status of psychedelics in any jurisdiction outside of The Netherlands.



7. Indemnification

The Client agrees to indemnify and hold harmless the Service Provider, its employees, agents, suppliers and affiliates from any claims, damages, or liabilities arising from their participation in the psychedelic experience. This includes any costs associated with defending against legal actions, claims of negligence, or claims related to the Client's actions.

8. Confidentiality and Privacy

The Service Provider respects the Client's privacy and confidentiality. Our call can be transcribed. Any personal information shared during the preparation, facilitation, or integration sessions will be kept confidential unless required by law to disclose. The Client also agrees to keep the contents of their experience confidential unless they choose to share it publicly.

9. Jurisdiction

This Agreement shall be governed by and construed in accordance with the laws of The Netherlands. Any disputes arising out of or relating to this Agreement shall be resolved exclusively in the courts of The Netherlands.

10. Voluntary Participation

By signing below, the Client affirms that they are participating voluntarily and that they are not under duress or coercion. The Client also affirms that they have provided truthful, complete and accurate information regarding their mental and physical health to the best of their knowledge.

11. Entire Agreement

This waiver constitutes the entire agreement between the Service Provider and the Client with respect to the subject matter hereof and supersedes all prior agreements or understandings. Any modifications to this Agreement must be made in writing and signed by both parties.

By signing this document, the Client agrees to the terms and conditions outlined above.

Client Name: _____

Client Signature: _____

Date: _____

Passport number: _____

Email & Mobile: + _____