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| A circular design with wings and a sun  Description automatically generateda | The Mushroom CaveThe Cavewoman Way, LLCSacred Plant Journeys Application  |

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| Instructions: If you are interested in private sacred plant medicine journeys or related services (such as trip sitting), please complete this application form. Please note:* All answers are confidential.
* You must answer all questions.
* Email completed form to: thecavewomanway@gmail.com.
* Please allow 2 business days for a reply.
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**The Sacred Agreement**

*Before proceeding with this application, please acknowledge and agree to the following by checking* (a or “x”) *the box next to each statement.*

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|  | I agree to do my part in honoring the sacred and sensitive nature of plant-spirit medicine and psychedelics by respecting all parts of the journey process. |
|  | I pledge that I am completing this application for the purposes of my own healing journey only.  |
|  | I agree to treat correspondence between myself and The Cavewoman Way as private and refrain from sharing or posting any of our private messages on public or social media platforms. |

**1.Basic Information**

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| Your Full Name |  |
| Your Age |  |
| Your Email Address |  |
| Your City/State |  |

**2.Which of the following are you interested in?**

*Check (a or “x”) all that apply.*

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|  | Preparation and/or Integration Coaching |
|  | Trip Sitting or Sacred Ceremony Guide  |
|  | Solo or Group Retreat |
|  | Microdosing Mentorship |

**3.Which sacred medicine(s) are you considering journeying or microdosing with?** *Check (a or “x”) all that apply.*

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|  | Psilocybin (Magic Mushrooms) |
|  | DMT or Ayahuasca |
|  | Mescaline (Peyote/San Pedro) |
|  | Amanita Muscaria |
|  | Other: Psychedelic |
|  | Other: Non-Psychedelic |
|  | Unsure |

**4.Prior Experience**

Have you had prior experience with sacred plant medicines or psychedelics? If yes, briefly describe and include whether the experience was recreational, therapeutic, or spiritual (or a combination). Please include the date (year) of previous experiences if you remember.

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**5.Interest & Intentions**

Please describe why you are interested in a sacred plant medicine ceremony or a psychedelic journey.

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**6. Timeline**

How soon would you like to have a sacred plant medicine experience or start microdosing?

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**7.Mental Health & Medications**

Please provide information related to any mental or emotional health diagnosis you have + list ALL medications you are taking related to mood, mental health, or emotional health. If you have ever been hospitalized for a mental health condition or crisis, please include the year of the hospitalization.

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**8.Physical Health & Medications**

Please describe ALL health conditions you have, especially any related to cardiovascular or respiratory health. If you are pregnant, trying to conceive, or are breastfeeding, please include this information. In addition, list ALL medications you are taking that you did not list in the previous question.

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**9.Other Substances**

Please list any herbal medicines, supplements, and/or conscious-altering substances that you are currently consuming or have consumed in the last 3 months.

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**10.Pain & Mobility**

Please describe any chronic pain you have and how it impacts your movement and functioning. Also include any mobility or movement challenges that may require special consideration.

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**11.Support System**

Please describe the support system such as family, friends, counselor/therapist, etc. that will be available to assist you during the days/weeks before or after your experience. If you do not have any specific support person(s), type N/A.

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**12.Concerns & Risk Factors**

Do you have any concerns or questions you would like to share at this time? If so, please describe.

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**13.Religion & Spirituality**

Please provide any information you would like me to know about your religion and/or spiritual beliefs and practices. If you are a member of a Psychedelic Church, please note that here.

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**14.Are you interested in information related to Psychedelic Church Membership or Sacred Plant Medicines as a “sacrament?** *Check (a or “x”).*

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|  | Yes |
|  | No |
|  | Unsure |

**15. Required Acknowledgements**

You must read, acknowledge, accept, and check ALL statements below to be eligible for Trip Sitting or Psychedelic Journey Guide Services. Please check the box *(a or “x”)* by each statementthat you agree to.

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|  | I am at least 21 years of age. |
|  | I understand that there are physical and mental health risks involved in working with psychoactive substances and I am willing to sign a waiver of liability as well as provide emergency contact information before a journey or ceremony. |
|  | I understand that The Cavewoman Way does NOT provide or sell federally regulated substances, plants or mushrooms and that I may have to source/provide my own medicine. |
|  | I understand that I will need to provide a location (house, rented property, etc.) for my sacred plant journey if working with a federally regulated substance. |
|  | I understand that Preparation and Integration services are required if The Cavewoman Way provides Trip Sitting services. |
|  | In the context of Sacred Plant Medicine offerings, I understand that Michelle Rigling PhD is acting in the role of spiritual guide and harm reductionist, NOT as a licensed therapist or medical doctor. |
|  | I give The Cavewoman Way permission to correspond with me about my application and its contents via the email address I provided. |
|  | I have completed this form honestly and thoroughly. |

**16. Questions and Comments**

Use this space to include any questions you have for Michelle or additional information that you think she needs to know.

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**Signature**

Please sign or type your full name below when you have completed the form.

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Submit completed form to:

thecavewomanway@gmail.com