



INTERNATIONAL CENTER OF SPIRITUAL
AND ANCESTRAL WISDOM
— ONAC OF ICSAW



MEMBERSHIP & RELEASE FORM • Page 1 of 4

This document is to acknowledge that _____ is an authorized Participant of ONAC of ICSAW. As an authorized Participant, _____ is authorized to participate in Native American Church ceremonies and activities under the following terms and conditions:

1. I agree to participate in ONAC OF ICSAW ceremonies of my own free will, choosing and volition. I have been informed of the nature of these ceremonies and activities and do state affirmatively that I have in no way been coerced or manipulated in any manner by any representative of ONAC OF ICSAW.
2. I agree not to leave any ONAC OF ICSAW ceremonies and activities before the completion of the event. I understand that if I choose to leave any ONAC OF ICSAW activities before its completion, I do so at my own risk.
3. I confirm that I have no medical, emotional, psychological condition that would put me at risk in participating in ONAC OF ICSAW.
4. I have received and read copies of ONAC of ICSAW's Code of Conduct, Code of Ethics, and Standards and Principles and agree to abide by all of them to stay a member in good standing.

I, the undersigned, hereby verify that I have read, do understand, and do agree to all above terms and conditions and do willingly participate in ONAC OF ICSAW ceremonies, Classes - and any or all-Church activities of my own free will and volition.

_____ Date: ____/____/____

Signature

Print Name

Witness (ONAC OF ICSAW Officer)

ONAC OF ICSAW operates under the blessing of Oklevueha Lakota Sioux Nation Native American Church of Utah and Medicine Path Native American Church of Berkeley, CA.

ONAC OF ICSAW • P.O. BOX 1502 CORNVILLE, AZ 86325 • ICSAWAZ@GMAIL.COM



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MEDICAL INFORMATION / RELEASE:

We ask for this information so we could know in advance of special medical conditions you may have, rather than learning about them during the ceremonies, classes and events. For your safety we will review this form, and the leader may contact you to discuss whether the events will be good and enjoyable for you considering your medical history. We will keep the information on this form confidential. Only the organizers and / or others who know and understand its confidential nature will see it. The form will be retained along with your liability waiver for a period of time following the meetings, after which it will be destroyed. If you choose not to go to the ceremonies, this form will be destroyed immediately.

GENERAL INFORMATION:

Name: _____

Street _____

City: _____ State: _____ Zip: _____

Phone: () _____

E-mail address: _____

Date of Birth: ____/____/____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone: () _____

Are you a tribal member? No _____ Yes _____ Tribal # _____

Are you a Veteran? No _____ Yes _____

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MEDICAL HISTORY:

MEDICATION: Please list all prescription, over-the-counter, and natural medications you are taking. (Please use back of this form).

Do you use Antidepressants, steroids antihypertensive medications?

Yes _____ (Please explain on back of this form) No _____

MEDICAL CONDITIONS: (If you answer "yes" to any of the following, please explain on back of this form)

Have you had a recent illness (Within the last calendar year)? Yes _____ No _____

Recent Accidents? Yes _____ No _____

Surgical Operations? Yes _____ No _____

Hospitalizations? Yes _____ No _____

Do you have asthma? Yes _____ No _____

Do you have diabetes? Yes _____ No _____ Type _____

Do you have high blood pressure? Yes _____ No _____

History of cardiac failure or stroke? Yes _____ No _____

Are you pregnant? Yes _____ No _____

Bone, joint, or muscle problems? Yes _____ No _____

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Have you ever had a seizure? Yes _____ No _____

Do you have any history of mental illness? Yes _____ No _____

Ever hospitalized for emotional reasons? Yes _____ No _____

Do you have any other medical issues that might affect your participation in this ceremony? Yes _____ No _____

Please state (on back of this form) all physical or mental limitations and restrictions of which you are aware: If you have no such limitations, please initial here: _____

** (If you answered "yes" to any of the above, please explain in detail on back of this form) **

LIABILITY RELEASE:

In consideration of being allowed to participate in this event, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the event's leader, organizers and participants from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me whether caused by the negligence of release, or otherwise, while participating in this event, or while in, on or upon the premises where the event is being conducted. To the best of my knowledge, I am in good physical condition and I am not aware of any physical and/or psychological infirmity, which would place me at risk to participate in any way with the ceremony activities. I am fully aware of the risks and hazards connected with this event. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in the event's activities whether caused by the negligence of release, or otherwise. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily.

Signature: _____ Date: ____/____/____

AN INDEPENDENT BRANCH OF OKLEVUEHA LAKOTA SIOUX NATION NATIVE AMERICAN CHURCH OF UTAH INC -- A NON-PROFIT RELIGIOUS CORPORATION

Mailing: P.O. Box 1502 Cornville, AZ 86325 -- email: icsawaz@gmail.com

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