

INFORMED CONSENT FORM

I _____ HAVE BEEN ASKED READ THE FOLLOWING MATERIAL TO THAT I'M INFORMED OF THE NATURE OF THIS TREATMENT AND WHAT WILL BE INVOLVED IN MY PARTICIPATION IN IT, I CONSENT TO DO SO. FEDERAL REGULATIONS REQUIRE WRITTEN INFORMED CONSENT PRIOR TO PARTICIPATION IN THIS TREATMENT SO THAT I CAN KNOW THE NATURE RISKS OF MY PARTICIPATION AND CAN DECIDE TO PARTICIPATE OR NOT PARTICIPATE IN A FREE AND INFORMED MANNER. MY SIGNATURE ON THIS FORM INDICATES THAT I HAVE BEEN SO INFORMED. BOTH BY READING THIS DOCUMENT AND BY BEING VERBALLY INFORMED REGARDING THE TREATMENT BY THE MEDICAL STAFF OF THE ALIQUID NOVI MY SIGNATURE IN THIS CONSENT FORM INDICATES THAT I UNDERSTAND AND ACCEPT BOTH THE TERMS OF MY PARTICIPATION AND THE POSSIBLE RISKS TO MYSELF IN PARTICIPATING AND GIVE MY CONSENT TO UNDERGO TREATMENT; IT DOES NOT, HOWEVER GUARANTEE ME TREATMENT.

Ibogaine is a naturally occurring substance that is present in the root bark of the shrub *Tabernanthe iboga* which is native to West Africa. Ibogaine has been reported to have anti-addictive properties. While Ibogaine is a visionary drug, it also has effects on neurochemical and neurotransmitter systems in the brain that are believed to be involved in reducing the symptoms of opiate withdrawal, depression and post treatment drug craving. Ibogaine is not currently approved for human use and is a restricted drug in the USA.

AGREEMENT TO TERMS OF PARTICIPATION.

I am voluntarily participating in this treatment and I over the age of 18. I hereby state that I have no history of psychosis nor has been anyone in my immediate family with a psychotic disorder. I also state that I currently have no physical illness or serious psychiatric disorder.

In order to evaluate my eligibility I will undergo an ECG (electrocardiogram), and blood work (complete blood count, metabolic panel, and liver function tests) as well any additional studies the doctor might request and these will be used to determine if in fact I'm a viable candidate for the treatment. In the case that I'm not viable candidate, I'll be refunded the total of my money minus costs incurred in medications and aforementioned tests.

Guest Initials_____

CODE OF CONDUCT.

1. I will cooperate with the staff. _____
2. I will keep my belongings in a neat fashion and will clean up after myself in a reasonable manner. _____
3. I will shower daily. _____
4. I will not enter the bedrooms of the opposite sex without necessity or any reason. _____
5. I will follow the instructions of the staff while under the care of (name of my company) This includes: coming to the table to eat when the staff has the food prepared, or group activities etc.
6. I will treat other patients, and staff I speak with either on the phone or in person with due respect, who come in contact with me at all times.
7. I will be not make excessive noise (vocally, with TV's, radios etc.) that would hinder the comfort of another patient, the staff or the neighbors. _____
8. I will do my best to stay the agreed upon length of time. If I decide to reschedule my flight and leave before taking the treatment, I will pay for the driver to take me the airport (\$---). _____
9. I will not leave the house, walk around the community or go swimming in the ocean without a supervision of staff member or explicit permission from a staff member. _____
10. The only place for eating is the kitchen and the dining table, I'll not bring food back to my room. _____
11. I will not drink or purchase any form of alcohol or use illicit drugs during my stay. _____
12. I will refrain from communicating with my loved ones about emotionally charged issues during my treatment and my electronics will be stored. _____
13. I understand that smoking is only permitted in the smoking areas. _____
14. I will not leave the premises without permission at any time. I also understand that there are no excursions to buy souvenirs or other outings during my stay.

I have read and understand all of the above rules. I understand that violation of any of these rules may result in my immediate expulsion from (name of my company) center if I am expelled from the program I'll not get a refund for any portion of my treatment cost.

Name _____ Signature _____ Date: _____

Agreement

In exchange of a discount that ALIQUID NOVI has given me for that treatment, I am obliged to give a testimony and reviews' in the web page as well as on social media and any other form that ALIQUID NOVI.

Release

I irrevocably grant to ALIQUID NOVI, its parent, subsidiaries, affiliates, successors, and those acting with its authority (hereinafter collectively referred to as "AN"), with respect to all materials referenced above including all text, names, likenesses, atwork, images and the like, including all trademarks, copyrights and derivative rights thereto (collectively referred to herein as the "Testimonial"), the right, for promotional purposes only, to make use of, reproduce, modify, and to otherwise utilize the Testimonial by any means, methods and technologies now know or hereafter discovered.

Waiver

I irrevocably waiver all rights and release "AN" from, and shall neither Sue nor bring any proceeding against any such parties for any claim, whether now known or unknown, for any right based upon or relating to the use and utilization of the Testimonial. There shall be no obligation to utilize this authorization.

Representation/Indemnity

I represent and warrant to "AN" that (i) I have the power and authority to enter this Agreement and to perform its obligation; and (ii) the Testimonial or any related materials will not violate the rights of any third party and will not give rise to any claim of violation of any right based upon or relating to the use of the Testimonial. I indemnify and hold harmless "AN" from any damage or cost (including reasonable attorneys' fees), arising out of the use or distribution of the Testimonial.

Construction/Miscellaneous

This Release represents our entire agreement regarding the subject matter here of and supersedes all previous representations, understandings or agreements between the parties. No waiver, modification or cancellation of any term or condition of this Release shall

be unless signed in writing by "AN" and me. This Release shall be construed and controlled by the laws of the State of California or any state of the United States of America.

If any part of this Release is found to be invalid, such invalidity shall not affect the remainder of this Release. If either party employs attorneys to enforce any rights arising out of or relating to this Release, the prevailing party shall be entitled to recover reasonable attorneys fees and cost, including expert witness fees. The parties hereby consent to venue and personal jurisdiction in San Diego California.

NAME _____ DATE _____

I have filed out a questionnaire about medical history at the treatment center prior to or upon my arrival.

I understand that the outcome of this treatment varies among patients, the effects on depression, addiction or anxiety may be different between patients even when given the same dosage. The effects of Ibogaine also very depending on the type of drugs I'm currently using.

I am aware that Ibogaine may induce a psychedelic experience visionary experience although it only occurs in approximately 66% of the patients. I understand that even though I may not have visions, the Ibogaine will still having the expected effect on my brain.

The length of my stay will be determined by the doctors and will depended on the doctors and will depended on the type of drugs that I'm detoxifying from and my personal recuperation time. If I'm not feeling well enough, o if doctors are concerned about my current condition. I may be asked to stay longer. I'll not be allowed to return home until after doctors decide that it will be safe for me to do so.

I have been informed completely understand that Ibogaine is an experimental drug.

I am participating in this treatment freely and voluntary. I understand that the costs of my accommodation, transportation to and from the USA, meals consumed by myself during my stay at the treatment facility, medications and the costs of medical services rendered to me at the facility will be included in the cost.

I understand that I cannot consume any solid food six hours before Ibogaine therapy, although I can have clear liquids like water or fruit juice to drink.

I have not used any illicit substances since my arrival to the treatment center. I have not brought illicit substances or paraphernalia to the facility. I'm aware that the staff might inspect my belongings and myself at the anytime and I'll consent for them to do so.

I hereby attest that I have been informed and understand that there have been reports of death due to combinations of Ibogaine with other drugs.

I have been informed that taking Ibogaine in conjunction with psychotropic drugs is dangerous and can use life-threatening arrhythmias, so I agree not to take any medication or drug before or during the treatment, which is not administered by the medical personnel.

I understand that once treated with Ibogaine I'll be more sensitive to narcotics and taking narcotics may cause me to easily overdose or die.

Guest Initials_____

I am aware that if I take any drug during Ibogaine treatment I could die and I agree to hold the individuals or entities or corporations or their representatives including any persons involved in my referral for the treatment as well as, doctors, medical staff and hospitals, harmless of any claims, liability or damages which may occur or be determined to have occurred due to the administration of Ibogaine.

I agree to communicate to the medical staff my medical conditions, and current medications as well as ask any questions that I might have about the treatment.

I understand and agree to be monitored during the first 24 hours after Ibogaine administration.

If I have my adverse reactions that the physicians involved with this treatment to be concerned about my safety, I hereby agree to my being detained in the **ALIQUID NOVI** facility until medical staff decide that it is safe for me to go home. I understand that if I experience distressing side effects of any sort during the course of the treatment, the doctors will either provide appropriate medical service themselves or else refer me to appropriate professional care or facilities.

I agree that after I'm discharged from the **ALIQUID NOVI Center** that I'll seek medical attention if health issues arise and I will follow through with aftercare program.

POSSIBLE RISKS INCURRED BY PARTICIPATION IN THE TREATMENT.

The risks involved in this treatment are those incurred by taking Ibogaine, since Ibogaine is an experimental visionary/psychedelic drug.

Toxicological studies of Ibogaine conducted in primates, have shown that oral administration at doses used for the treatment of opiate and cocaine addiction, appear to be safe. No long-term behavioral or cerebellar toxicity has been shown. Clinical studies in human subjects under controlled conditions have shown on long-term adverse effects. These results suggest that oral doses of Ibogaine are safe and well tolerated within dose range.

No long-term side effects have been observed at the dose range that I will receive. However, there have been no clinical studies about the long-term of Ibogaine.

I understand that the usual doses used to treat opiate and cocaine addiction, Ibogaine can use distortion in body sensations, perception and thinking. The dosage administered to

myself for this treatment will depend on my body weight, the drug(s) I'm currently taking and my sensitive to the medicine.

Patient name and signature_____

Witness name and signature_____