AT THE THRESHOLD I

Participant Agreement and Liability Waiver

September 4–7, 2026 · Plantation, Florida

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. IT AFFECTS YOUR LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE FOR DAMAGES. THIS IS A LEGAL DOCUMENT — IF YOU DO NOT UNDERSTAND ANY PORTION OF IT, SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING.

This Participant Agreement and Liability Waiver ("Agreement") is entered into between Cosmopolitan Healing Center LLC, a Florida limited liability company, owned and operated by Dr. Carmen Jiménez, DAHM ("Host"), and the undersigned individual ("Participant," "I," "me"), in connection with Participant's voluntary attendance at At the Threshold I, a four-day shamanic journeying intensive facilitated by Dr. Trice Mikulic, DACM of Global Meditation Solutions ("Facilitator"), held September 4–7, 2026 in Plantation, Florida (the "Program").

1. Acknowledgment of the Nature of the Program

I understand that the Program is an experiential shamanic journeying intensive involving rhythmic drumming, breathwork, extended periods of focused inward attention, group ceremony, emotional processing, and a closing ceremony. I understand that the Program does not involve, supply, or recommend the use of any plant medicine, hallucinogen, or chemically altering substance, and that all states explored during the Program are accessed solely through sound, breath, and my own consciousness.

I understand that the Program is not a substitute for medical or psychiatric treatment, and that the Facilitator and Host are not acting as my treating medical or mental health provider in connection with my participation.

2. Voluntary Participation

I am voluntarily choosing to participate in the Program. I understand that I may decline any specific exercise, activity, or portion of the Program at any time without penalty, while remaining welcome in the group setting, and that my continued presence in any activity is at my own discretion.

3. Assumption of Risk

I understand and acknowledge that participation in the Program carries inherent risks, which may include, without limitation:

- Emotional distress, or the surfacing of difficult memories, feelings, or psychological material
- Physical discomfort or minor injury arising from extended periods of stillness, movement, or group activity
- Risks inherent in group settings, including interpersonal dynamics among participants
- Risks associated with travel to and from the venue, and with the venue premises generally

I voluntarily and knowingly assume all such risks, whether known to me now or arising during the Program, and whether foreseeable or unforeseeable.

4. Release of Liability

To the fullest extent permitted by the laws of the State of Florida, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue Cosmopolitan Healing Center LLC, Dr. Trice Mikulic, Global Meditation Solutions, and each of their respective owners, officers, employees, agents, contractors, and representatives (collectively, the "Released Parties") from any and all liability, claims, demands, damages, costs, expenses, or causes of action of any kind, arising out of or in any way connected with my participation in the Program — including claims arising from the ordinary negligence of the Released Parties — except to the extent such claims arise from the gross negligence or willful misconduct of the Released Parties.

This release applies to any loss, damage, illness, injury, or death that may occur as a result of, or in connection with, my participation in the Program, however caused.

Initial here: _____ *I have read and understand the Release of Liability above.*

5. Indemnification

I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost they may incur arising out of my breach of this Agreement, or arising from any injury or harm I may cause to another participant or to the venue during the Program.

6. Health and Fitness to Participate

I represent that I have truthfully and completely disclosed any relevant physical or mental health condition via the Program Questionnaire provided to me prior to the Program, and that I am physically and psychologically able to participate. I understand that withholding relevant health information may affect my own safety and that of the group.

7. Photography and Media Consent

I understand that photographs and video may be taken during the Program for potential use in future promotional materials for Global Meditation Solutions and Cosmopolitan Healing Center LLC. I may decline to be photographed or video recorded by notifying Facilitator in writing prior to the start of the Program.

8. Severability

If any provision of this Agreement is found to be unenforceable or invalid under applicable law, that provision shall be limited or eliminated to the minimum extent necessary, and the remaining provisions of this Agreement shall remain in full force and effect.

9. Governing Law

This Agreement shall be governed by the laws of the State of Florida. Any dispute arising under this Agreement shall be subject to the exclusive jurisdiction of the courts of Broward County, Florida.

10. Entire Agreement

This Agreement, together with the Terms and Conditions, Refund and Cancellation Policy and the Program Questionnaire, constitutes the entire agreement between Participant, Facilitator and Host regarding the Program.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ THIS ENTIRE AGREEMENT, THAT I UNDERSTAND I AM GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, AND THAT I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY.

_____

Participant Signature

_____

Participant Name (Printed)

_____

Date

_____

Emergency Contact Name and Phone Number