



Urban Village Birth Services

"because it takes a village"

Placenta Services -Liability Form

I, _____ (Client's Name) understand and acknowledge that in accordance to my state laws and bylaws, choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments or symptoms and that I am choosing to consume my placenta for my own personal beliefs, whether it be spiritual or cultural.

I acknowledge that my placenta specialist has provided me with concrete information about both the benefits and risks of placenta encapsulation, and have read all included documents. I understand that my placenta has been handled and encapsulated according to OSHA and State

Food Safety and Handling standards, and has been cleaned, cooked, dehydrated and put into pill form in a sanitary and sterile work space. Upon receiving my placenta capsules from my placenta specialist, I waive any and all rights to hold the specialist responsible for any undesired effect of consuming the capsules. This may include an oversupply in milk, hormonal shift, anxiety or sleeplessness. These side effects are rare, but have been reported. I agree to contact my placenta specialist immediately if and when I experience any of these side effects.

My specialist agrees to complete (3) postpartum follow-ups up until (6) weeks postpartum.

I do not hold my placenta specialist responsible or liable for any transport mishap that is beyond their control (ex. car accident or detainment), and understand that I am choosing to have the specialist encapsulate my placenta:

In my own home In specialist's home

If my placenta is not encapsulated in my own home, I put full trust and acknowledgement that it is being handled in a sanitary and safe environment. I put trust and faith that my placenta specialist has been training correctly to prepare placenta remedies. I have provided my placenta specialist with recent blood documentation stating that I have been tested for STD's and the results were negative. If my blood results indicate hepatitis, HIV/AIDS or Herpes virus, I understand that I will allow my placenta specialist to prepare in my home, using some of my own supplies. Universal precautions for sanitizing are the same with each client. I understand and trust that my placenta specialist retains blood work records for each client and that I am protected.

I understand that upon receiving the pills, my placenta specialist is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules.

Client Name

_____ **Renea Morales** _____

Placenta Specialist

Client Signature _____ Date _____