



Waiver of Liability/Services Agreement

Limitations and Disclaimer

_____ Any potential benefits (either those supported in research or from anecdotal accounts) from placenta encapsulation have not been reviewed or endorsed by the FDA and are not intended to prevent or treat any physical or mental diseases, ailments, or symptoms. The choice to have my placenta encapsulated is based on my own personal beliefs and reasons, and I understand my specialist, Alex Browne, is not selling me a product with any verified claims or proven results, merely providing a service at my request. I put full faith that she is dedicated to keeping my health and safety in mind, working with me, and assessing any potential risks, however I understand she is not a licensed medical professional, not able to diagnose, treat or prescribe for any health condition, and placenta services are not intended to replace medications or the advice of my health care provider(s).

Client Responsibility

_____ I waive any and all rights to holding my specialist, Alex Browne, responsible for any undesired effect(s) of consuming my placenta capsules and/or other forms of consumption I have chosen from the specialist (such as a tincture or smoothie cubes). Despite a long history of safe use, I understand that the act of ingesting placenta in any form has not been tested, nor approved by the FDA, and I ingest this at my own risk. I understand any risks associated with this practice are the same as dining out where food is prepared for me by another person. Other risks may include the placenta not being handled properly either by the hospital or myself during storage or transportation or coming in contact with chemicals in the hospital's pathology laboratory. Since the placenta has been found to contain hormones and nutrients, I am aware it is my personal decision to ingest or discontinue taking the capsules based on either positive benefits or any negative reactions experienced. I understand Alex Browne is also not liable should any other person(s) ingest my own placenta capsules or products. It is not recommended to share my placenta products. Dosage and storage instructions will be given upon receipt of the capsules and any other services chosen.

_____ I certify that Alex Browne provided me with proper handling and care instructions prior to the birth of my placenta. I have abided by those instructions, and my placenta has not been kept at room temperature for more than 4 hours following birth. It has been sealed in a protective container and placed in a refrigerator or in a cooler on ice for no more than 72 hours. If it has been longer than 72 hours since the birth of my placenta,

the placenta has been frozen in the back of a freezer and has been gently defrosted by being placed in the fridge to thaw 24 hours prior to Alex's collection of my placenta.

_____ I acknowledge and trust that my placenta will be handled and encapsulated according to OSHA Biologic Bloodborne Pathogens and Washington State Food Safety and Handling standards and is cleaned, prepared, dehydrated, and put into capsule form in a sanitary and sterile work space by Alex Browne who is a trained encapsulation specialist.

Medical Contraindications

_____ I certify that I, A: have never been diagnosed with and am not now afflicted with any of the following diseases: HIV, Hepatitis, Syphilis, Chlamydia, and/or Gonorrhea

or

B: have been previously diagnosed with any of the aforementioned diseases and have been honest and upfront by making Alex Browne aware of this diagnosis so that proper precautions can be taken for the safety and well-being of her and myself.

Fees

_____ Payment is due in full upon Alex's collection of the placenta, unless agreed otherwise.

_____ Once preparation of my placenta has begun, there will be no refund, even if I choose not to take delivery of the finished product(s).

Photo Release (optional)

_____ I give permission to Alex Browne (Bliss Beyond Birth) to photograph my placenta before during and after processing, and to use those photographs as she desires for marketing, advertising, educational, or promotional reasons in print or on the internet (your name will not be shared or made public).

UNDERSTOOD, ACCEPTED AND AGREED

Client's Name (printed) _____

Client Signature _____

Date _____

