

Placenta Encapsulation Services Agreement

I _____, have asked _____
Printed Client Name Placenta Encapsulation Specialist (PES)

to prepare my baby's placenta in capsule form for my own personal use.

As a condition of this service, I make the following assertions:

I agree that...

I am paying for the encapsulation service only, not buying placenta capsules.

My placenta does not contain any transmittable diseases such as Hepatitis-B, -C or HIV/AIDS.

My care provider and I have determined that my placenta is healthy and suitable for encapsulation.

The placenta has been handled in a manner appropriate for safe food preparation since the birth.

I understand that...

The PES is not a medical care provider and is not treating any medical condition.

The PES views each placenta as a sacred connection between mother and child and will treat it accordingly. I will not hold the PES responsible if my placenta is accidentally damaged during the encapsulation process.

The PES does not determine whether my placenta should be consumed and makes no guarantee of my personal results from the capsules.

The capsules should not be taken during times of illness, such as the common cold, flu, or mastitis. I understand that taking the capsules can make these conditions worsen.

The PES may release a copy of this document to be kept on record at the main office of Placenta Benefits LTD in North Las Vegas, NV.

I release both Placenta Benefits LTD and the PES named above from any and all liability for any effects I may experience after choosing to take the capsules.

Signature

Date