

# Mama Love Placenta Encapsulation

PlacentaService@gmail.com  
310-560-8599



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## Liability Form

I, \_\_\_\_\_ understand and acknowledge that in accordance with 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 will be handled and encapsulated according to OSHA and State Food Safety and Handling standards, and will be cleaned, cooked, dehydrated, and put into pill form in a sanitary and sterile workspace. 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 of 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 1 postpartum follow-up visit up until (6) weeks postpartum *as requested by me*. 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 the specialist's home.

I put full trust in and acknowledge that it is being handled in a sanitary and safe environment. I put trust and faith that my placenta specialist has been trained correctly to prepare placenta remedies. I have confirmed with my placenta specialist that I have been tested for STD's and the results were negative. If my blood results indicate hepatitis, or HIV/AIDS, I understand that my placenta specialist will try to refer me to another placenta specialist who

can prepare my placenta in *my* home, using some of *my* own supplies. Universal precautions for sanitizing are the same for each client. I understand that I am to inform my placenta specialists of any STD's, Hepatitis, or HIV/AIDS.

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.

Print Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Placenta Specialist: Meriah Davis \_\_\_\_\_

Date: \_\_\_\_\_