

Placenta Encapsulation Waiver

I, _____ understand that in acknowledgement of placental practices, 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 also acknowledge that there are no statewide regulations preventing me from obtaining and encapsulating my placenta in my home.

I understand that the act of ingesting my placenta in any form has not been tested, nor approved but the FDA, and I ingest this at my own risk. Furthermore, I release Stephanie Banguilan and Gentle Journeys Birthing and its representatives from any liability. I understand that Stephanie Banguilan is not a medical professional and will not diagnose, treat or prescribe for any healthy condition. Services and fees are for the preparation and encapsulation of your placenta and not for the sale of the pills.

I understand that my placenta has been handled and encapsulated according to OSHA and Georgia 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 Stephanie Banguilans and Gentle Journeys Birthing, I waive any and all rights to hold the specialist responsible for any undesired effect of consuming the capsules.

I do not hold Stephanie Banguilan and Gentle Journeys Birthing 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 specialists 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 have provided Stephanie Banguilan and Gentle Journeys Birthing with blood documentation stating that I have been tested for STD's and the results were negative.

It is my responsibility to supply documentation regarding my STD status and I understand and trust that Stephanie Banguilan and Gentle Journeys Birthing retains blood work records for each client.

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

My package choice:

- | | |
|--|--|
| <input type="checkbox"/> Basic Package - \$275 | <input type="checkbox"/> Standard Herbs to be included |
| <input type="checkbox"/> Booster Package - \$300 | <input type="checkbox"/> NO herbs to be included |
| <input type="checkbox"/> The Works Package - \$325 | <input type="checkbox"/> TCM or <input type="checkbox"/> Raw Preparation (check one) |
| <input type="checkbox"/> Salve - \$35.00 | |

A non-refundable deposit of \$50 is required when the signing of this agreement. The balance must be paid when the capsules are received.

I give my permission to Atlanta Placenta (Gentle Journeys Birthing) to photograph my placenta before, during and after processing and use those photographs as desired for marketing,

advertising, educational and/or promotional reasons in print or on the internet. I understand that no personal information will be associated with these photographs.

Client's signature _____

Witness's signature _____

(birth partner)

Date _____

Client's phone number: _____

Birth location: _____