

## **Release of Responsibility for Postpartum Care & Doula Service**

I agree, by signing this form, to release and hold harmless my postpartum caregiver – DBA Zoe Weston, from any and all injuries or damage which may occur to myself, my child/children or family due to receiving any postpartum care given by her, unless said injuries are directly due to negligence or improper instruction on the part of the instructor. I attest, by signing this release that I am known to be in good health and not demonstrating signs or symptoms of any complication or condition for which her postpartum care may prove dangerous or inadvisable.

I agree to inform the postpartum caregiver promptly if I experience any pain, discomfort, or unusual symptoms while receiving this specialized care and to follow her recommendations/directions designed to decrease the risk of complications.

These services are in no way intended to diagnose, treat, cure or prevent any health related condition. All information provided is intended for educational purposes only. If you have concerns about your health, please consult a licensed medical professional.

Client \_\_\_\_\_

Postpartum Caregiver \_\_\_\_\_

Date \_\_\_\_\_