

Release of Responsibility for Postpartum Care, Doula Services & Postpartum Product Usage Including Bindings.

I agree, by signing this form, to release and hold harmless my postpartum caregiver – DBA Zoe Weston, from any and all injuries, damage or illness (including Covid19 or any variant thereof), which may occur to myself, my child/children or family due to receiving any postpartum care given by her. 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, DBA Zoe Weston, 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 Print _____

Client Sign _____

Date _____

Postpartum Caregiver Print _____

Postpartum Caregiver Sign _____

Date _____