



## Service Agreement

I, \_\_\_\_\_, have asked \_\_\_\_\_ to prepare my baby's placenta as medicine for my own personal use.

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

***I agree that...***

- o My placenta does not contain any transmittable diseases such as Hepatitis B, C, or HIV/AIDS
- o My care provider and I have determined that my placenta is healthy and suitable for consumption.
- o This placenta has been cared for and handled in a manner appropriate for safe food preparation since the birth.

PLACENTA APOTHECARY

***I understand that...***

- o PLACENTA APOTHECARY views each placenta as a sacred connection between mother and child and will treat it accordingly. I will not hold PLACENTA APOTHECARY responsible if my placenta is accidentally damaged during the encapsulation process.
- o PLACENTA APOTHECARY does not determine whether my placenta is suitable for consumption and makes no guarantee of my personal results from the capsules or other formulas.

**I release PLACENTA APOTHECARY, Jaime Shapiro & Kristina Wingeier, from any and all liability for any effects I may experience after choosing to consume my placenta.**

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

\_\_\_\_\_  
Date