

RELEASE FROM LIABILITY

In entering into a contract for Doula (Labor Support) Services with

_____ on _____
(Doula's Name) (Date)

I/We hereby acknowledge that during the performance period of this contract, services may be provided to me/us in my/our home, traveling to a medical facility, hospital, and or birthing

center. We understand _____ has limited role pursuant to
(Doula's Name)
the description on tasks outlined in the above-referenced contract wherever services are provided

to me/us. _____ has not represented to me/us that contracting
(Doula's Name)
for his/her services guaranteed in any way, a risk free or emergency free labor and birth experience. I/We understand that my/our doula does not make medical or nursing decisions on my/our behalf, to include the decisions when to seek medical care at a hospital or birthing center when labor support services are provided in my/our home. When services are performed in my/our home or a medical

facility, I/we acknowledge that _____ is not responsible for the
(Doula's Name)
performance of clinical tasks to include medical or nursing decisions regarding the inclusion or exclusion of treatments available to me/us and my/our baby.

Now, therefore, in consideration of the above aknowledgements, I/We (both jointly and seperately) on behalf of myself, ourselves, my/our heirs, administrators, personal representatives, executors, and

assigns to **RELEASE AND FOREVER DISCHARGE** _____
(Doula's Name)

from all damages or causes of action, either at law or in equity, which I/we may have or acquire or which may be accrued to me/us, my/our heirs, administrators, personal representatives, executors,

or assigns as a result of using the doula services of _____. I/We
(Doula's Name)
intend this to be a **COMPLETE RELEASE AND DISCHARGE** him/her from all liability whatsoever.

I/We have read all statements contained herein and I/We fully realize that I/We are signing a **COMPLETE RELEASE AND BAR** to any claim, which I/We have or believe I/We may have resulting from our contract for doula services.

(Client) (Date)

(Client's Partner) (Date)

(Parents of Minor Client) (Date)

(Doula) (Date)