



Placenta Encapsulation Waiver

I, _____, understand and acknowledge that, in accordance with applicable Tennessee state laws, choosing to encapsulate and/or consume my placenta is not intended to prevent, treat, or cure any physical or mental diseases, ailments, or symptoms. I am choosing to consume my placenta based on my own personal, spiritual, or cultural beliefs.

I acknowledge that Coastal Midwifery, LLC dba Nashville Placenta / Christa West has provided me with clear information about the benefits and risks of placenta consumption and that I have read all related documents.

I understand that my placenta has been handled and encapsulated following OSHA guidelines and Tennessee food safety standards. It has been cleaned, cooked, dehydrated, and placed into capsules/tincture/smoothie form in a sanitary workspace.

Upon receiving my placenta capsules, tincture, and/or smoothie from Coastal Midwifery, LLC dba Nashville Placenta / Christa West, I waive any and all rights to hold the specialist responsible for any undesired effects resulting from consumption. I also do not hold Coastal Midwifery, LLC dba Nashville Placenta / Christa West responsible for any transport mishaps beyond their control (e.g., accidents or delays).

If my placenta is encapsulated at the specialist's location and not in my home, I fully trust and acknowledge that it is being handled in a safe and sanitary environment.

I have provided Coastal Midwifery, LLC dba Nashville Placenta / Christa West with blood test documentation confirming I have been tested for STIs and that results were negative. I understand that the specialist retains my blood work records and that my health information is protected.

I understand that upon receiving the finished product, Coastal Midwifery, LLC dba Nashville Placenta / Christa West is no longer liable, including for any other persons ingesting my placenta capsules, tincture, or smoothie.

Signature: _____

Date: _____