

Mother's Milky Way

Waiver of Liability for California

Clients Expected Due Date: _____

I, _____ understand and acknowledge that there are no current laws in California prohibiting me to take my placenta home with me. I also understand that choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments or symptoms and that I am choosing to consume my placenta for my own personal beliefs, whether it be spiritual or cultural.

I acknowledge that Cindi Cnop has provided me with concrete information about both the benefits and risks of placenta encapsulation, and have read all included documents. I understand that my placenta has been handled and encapsulated according to OHSA and California State Food Safety and Handling standards, and has been cleaned, cooked, dehydrated and put into pill form in a sanitary and sterile work space. Upon receiving my placenta capsules from Cindi Cnop , I waive any and all rights to hold her responsible for any undesired effect of consuming the capsules.

I do not hold Cindi Cnop responsible or liable for any transport mishap that is beyond her control (ex. car accident or detainment), and understand that I am choosing to have her encapsulate my placenta in her home.

I put full trust and acknowledgement that it is being handled in a sanitary and safe environment. I have provided Cindi Cnop with blood documentation stating that I have been tested for STD's and the results were negative. I understand and trust that Cindi Cnop retains blood work records for each client and that I am protected.

I understand that upon receiving the pills, Cindi Cnop is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules.

Client

Cindi Cnop
