Liability Waiver for Release of Placenta

I, _____ *("Mother"),* request and authorize the release of my placenta from _____ (*Medical Facility*), hereby referred to as Medical Facility, on _____ (*Date*).

1) I understand and acknowledge that certain medical conditions, known or unknown at the present time and which may be discovered during the birth process, may preclude release of my Placenta due to the Medical Facility or its designated representative's need for testing, or other purposes, on the Placenta. Barring a demonstrated medical need to retain said Placenta, I hereby authorize the Medical Facility to release said Placenta to me or _____ ("*Mother's Representative*").

2) I have been educated on the potential for disease by the Medical Facility.

3) I understand the Medical facility is required to follow state law and my request may not be honored if the Placenta has been treated with hazardous chemicals such as formaldehyde or when the Placenta carries risk of transmitting blood borne disease such as Human Immunodeficiency Virus (HIV) or Hepatitis C.

4) I understand the Medical Facility will not be able to perform any pathological examination that might reveal a variety of fetal and maternal conditions which may impact on the medical care for the newborn and/or mother, or even future pregnancies.

5) I understand and acknowledge the Medical Facility makes no representations about the health or viability of the Placenta.

6) I understand the Medical Facility will NOT provide refrigeration of the Placenta prior to transportation home.

7) I understand the Medical Facility will provide a container and ice for the Placenta to be transported home.

8) I agree to indemnify and hold the Medical Facility and its representatives harmless for any loss or damages, including attorney's fees sustained by the Medical Facility, by reason of any claim or liability arising out of or connected in any way to the Medical Facility's release of my Placenta, ingestion of the Placenta or to any other use of the Placenta by me or by another person.

9) I acknowledge and understand that upon release to me, the Medical Facility will be absolved of all responsibility for the Placenta.

10) My signature below indicates I have read, fully understand and acknowledge the information above.

_____ _____
(*Mother*) (*Date*)

_____ _____
(*Medical Facility*) (*Date*)