

## Placenta Encapsulation Services Agreement

I \_\_\_\_\_, have asked \_\_\_\_\_ to prepare  
Printed Client Name Placenta Encapsulation Specialist (PES)  
my baby's placenta in capsule form for my own personal use.

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

I agree that...

I am paying for the encapsulation service only.

My placenta does not contain any transmittable diseases such as Hepatitis-B, -C or HIV/AIDS.

My care provider and I have determined that my placenta is healthy and suitable for encapsulation.

The placenta has been handled in a manner appropriate for safe food preparation since the birth.

I understand that...

The PES views each placenta as a sacred connection between mother and child and will treat it accordingly. I will not hold the PES responsible if my placenta is accidentally damaged during the encapsulation process.

The PES does not determine whether my placenta should be consumed and makes no guarantee of my personal results from the capsules.

The capsules should not be taken during times of illness, such as the common cold, flu, or mastitis. I understand that taking the capsules can make these conditions worsen.

The PES will release a copy of this document to be kept on record at the main office of Placenta Benefits Ltd. in North Las Vegas, NV.

I release Placenta Benefits Ltd., Jodi Selander and the PES (if other) from any and all liability for any effects I may experience after choosing to take the capsules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date