

The Westside Birth Connection

Childbirth/Lactation Education and Labor Doula Services



Candace McCollett, CBE, CLD, CLE

Release From Liability

In entering into a contract for Doula (Labor Support) Services with **Candace McCollett and The Westside Birth Connection** on (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. I/We understand Candace McCollett has limited role pursuant to the description of tasks outlined in the above-referenced contract wherever services are provided to me/us. Candace McCollett has not represented to me/us that contracting her services guarantees me/us in any way, from 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** and including those decisions on 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 Candace McCollett is not responsible for the 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 acknowledgements, I/we (both jointly and separately) on behalf of myself, ourselves, my/our heirs, administrators, personal representatives, executors, and assigns do RELEASE AND FOREVER DISCHARGE Candace McCollett 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 Candace McCollett and The Westside Birth Connection. I/We intend this to be a COMPLETE RELEASE AND DISCHARGE of 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) _____

(Parent/guardian) _____

(Date) _____

(Doula) _____

(Date) _____