

WAIVER OF LIABILITY AGREEMENT

I, _____, being an adult, do for myself and on behalf of my heirs, spouse, family members, assigns, and next of kin, as well as my child participant, if said child is not of legal age or older, do forever release, discharge, agree to hold harmless, and covenant not to sue **Elizabeth R. Kinsley, Labor Support Mom, its members, officers, employees, directors, agents, volunteers, and affiliates** from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses, litigation expenses, attorney fees, loss, or cost of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in any and all **Labor Support Mom** activities.

The undersigned acknowledges that this liability waiver is intended by the parties to be a complete and unconditional waiver of all potential causes of action that the undersigned would be able to bring in any jurisdiction, in either her individual or representative capacities, against **Elizabeth R. Kinsley, Labor Support Mom, its members, officers, employees, directors, agents, volunteers, and affiliates**.

I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ ID: _____

Signature of Participant: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip) (Phone)

Below section must be completed by Parent/Guardian for any participant under the age of 18.

Printed Name of Parent/Guardian: _____ ID: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip) (Phone)

LSM Initials: _____ Date: _____

CONFIDENTIALITY AND MEDICAL RELEASE AGREEMENT

Medical and personal information are important to assure proper support from **Elizabeth R. Kinsley of Labor Support Mom**. Confidentiality is important and failure to comply with this agreement can result in penalties.

I, _____, give my consent for **Elizabeth R. Kinsley of Labor Support Mom** to be present at the birth of my child, take notes, and receive any medical or personal information that pertains to the labor and birth of my child.

I will be having this baby at _____ and I request that all medical and personal information relating to my progress in labor and the birth of my child be given to **Elizabeth R. Kinsley of Labor Support Mom**.

I understand that none of the information given to **Elizabeth R. Kinsley of Labor Support Mom** can be used without my written consent.

Signature: _____ Date: _____

LSM Initials: _____ Date: _____

