# Liability and Payment Release Form

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|---|---|
| Effective Date | [dd,mm,yyyy] ____/____/_____ |
| Between | Rebecca Waxman and Eternally Maternal further referred to as "[Business]", |
| Located at | 46 Chatham St |
| | Hamilton, ON, L8P 2B4 |
| And | [pregnant woman & partner]_____, further referred to as "[Participant]" |
| Located at | [Address] _____ |
| | [City], [State] [Zip Code] _____ |

The undersigned agrees and does hereby release from all liability and hold harmless [Business] and any of its employees representing or related to the [Business]. This liability release is for any and all liability for personal injuries and property losses or damage in connection with any activity or accommodation of the above mentioned Business. The undersigned does hereby further agree to abide by all the rules and regulations that are presented by [Business].

The [Participant] agrees to pay the [Business] for the services in full at the beginning of the first education or breastfeeding session.

_____ Date[dd/mm/yyyy]_____

Signature of Participant

_____

Print Name