



Supporting the birth that is right for you!

Rebecca M. Pugh, RM • CPM • Doula
970 708 1298
Rebecca@MountainBirth.com

Waiver of Liability

Name(s):

I/We, after having been fully informed of the possible risks by our midwife, Rebecca Pugh, in language that we understand, have elected to refuse transfer/transport to medical care for the following:

My/Our reasons are as follows (Optional):

The types of medical procedures we might receive and their purposes have been fully explained to me/us. The State Midwifery regulations regarding this have been thoroughly explained to me/us. I/We have informed the midwife, Rebecca Pugh, that I/we refuse other care and have asked her to continue to provide care. I/We accept the sole responsibility for the outcome of this decision and do not nor ever shall hold our midwife, Rebecca Pugh, or any other caregiver legally liable for this decision or the outcome.

Signature of Client/Mother:

Date

Signature of Partner/Father:

Date

Signature of Witness:

Date