

## Informed Consent to Waiver-Decline

I, \_\_\_\_\_, hereby decline my Midwife's recommendation to

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\_\_\_\_\_ I hereby state that my Midwife has explained the risks and benefits to me and my baby and by declining her recommendation I am FULLY prepared to take on ALL the risks that are associated with my choice.

\_\_\_\_\_ I hereby state that I am of sound mind and I consent of my own free will.

\_\_\_\_\_ I hereby release my Midwife from any legal liability regarding my care from this point forward.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Midwife's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time