



Willow Wish Birth Center Grant Program

You are applying for a grant from Willow Wish in the amount of \$1,500.00. If you are selected as a recipient for this birth center grant, please note that the grant amount will be paid directly to your accredited birth center upon receipt of a letter confirming that you are receiving care at their facility for your pregnancy with an estimated due date of _____.

Willow Wish Waiver

Willow Wish supports your decision to choose where and with whom to birth. Birth always has risks and, in consideration of you being granted this grant, you agree to release and hold harmless Willow Wish in your decision where to birth. You further agree:

1. To release and hold harmless Willow Wish, its agents and board, from any and all liability for any damage to personal property or injury sustained during prenatal care, birth, and postpartum care, regardless of the cause of such damage or injury, whether through negligence or otherwise.
2. That this release of liability shall apply to any right of action that might accrue to myself and my unborn child, my parents or guardians, my heirs or any other personal representative.
3. To assume all risks when receiving care funded through this birth center grant, knowing that birth has risks to both myself and my unborn child.

Print Name - Applicant 1

Print Name - Applicant 2

Signature - Applicant 1

Signature - Applicant 2

Date

Date