

Postpartum Support Group Confidentiality Agreement:

As an attendee of this postpartum support group, I acknowledge that there will be private emotions and thoughts conveyed by me and other members of the group. I understand that this information is fragile and should be handled with compassion, empathy and understanding, and in no way should be shared with people outside the group. I agree to maintain confidentiality to the highest degree.

Signature _____

Printed name _____

Date _____

Postpartum Support Group Photo Release:

I understand and consent to photography or videography at For Love and Babes Postpartum support groups that may be used in online platforms and promotional materials.

Signature _____

Printed name _____

Date _____