

Parent 1 (first & last name): _____

Parent 2 (first & last name): _____

Phone: _____ Email: _____

Address: _____

Infant Name & Date of Birth: _____

How Did You Learn About MMA? _____

Families who choose to utilize milk from Mothers’ Milk Alliance, Inc. (MMA) recognize that in doing so they are stepping outside of the current U.S. medical mainstream and that they take responsibility for that decision. In the interests of protecting all involved – donors, recipients and MMA coordinators – and in keeping with a strong commitment to facilitating recipients’ informed choice, the following Waiver and Release clarifies the scope and nature of this responsibility. **Please do not sign this Waiver and Release unless you fully understand and agree to its contents.**

By my signature below, I confirm my understanding of and agreement with all of the following:

The American Academy of Pediatrics recommends against direct mother-to-mother milk sharing as an option for infant feeding, citing health risks that include the transmission of serious illnesses. The U.S. Food and Drug Administration (FDA) has warned about risks for the baby including exposure to infectious diseases, to chemical contaminants, and to some prescription drugs that might be in human milk, if the donor has not been adequately screened. In addition, if human milk is not handled and stored properly, it could, like any type of milk, become contaminated and unsafe to drink. The FDA recommends that a mother first consult with a healthcare provider, and if, after the consultation, the mother decides to receive human milk from another mother, she only use milk from a source that has screened its milk donors and taken other precautions to ensure the safety of its milk.

The handling, storage, and sharing of human breast milk carries inherent risks that may result in illness, disease, or death. I am receiving human breast milk that has been voluntarily donated to MMA by donors who have undergone a limited health history and blood screening with a health professional licensed in the state of Wisconsin. Donors have also been instructed in milk handling and storage in two ways, verbally from MMA coordinators and in writing, via the MMA document, "Donor Guidelines for Pumping and Handling". The donated milk itself has not been tested or pasteurized. Further, I have been offered verbal and written milk thawing and handling guidelines by MMA. I have read and fully understand the MMA document, "Recipient Guidelines for Milk Handling". I also have been offered written instructions in the evidence-based process of stove-top flash-heat pasteurization of breast milk.

While MMA has undertaken the above-described screening and education with respect to the safety of human milk, neither MMA nor any of its donors, officers, directors, or agents make any warranties or guarantees, express or implied, with respect to the wholesomeness, quality, or health characteristics of donated milk. In addition to risks related to disease transmission, milk composition varies according to individual donor diet and exposures, the age of the donor’s infant, and the duration of milk storage.

With full acknowledgment of potential risks associated with the handling, storage, and sharing of human breast milk, I, on my own behalf and on behalf of any and all of my children who consume donated milk from MMA, accept all risk and responsibility of using and consuming donated milk and any activity incidental thereof. I also hereby discharge and release MMA and all of its donors, officers, directors, and agents both on my own behalf and on behalf of any and all of my children who consume donated milk from MMA, from any and all liability for any personal injury, disease, illness, sickness, adverse health effect or risk, including, but not limited to, risks of property damage or wrongful death that may result from using or consuming donated milk, whether or not caused by the act, omission, negligence, or other fault of MMA or any of its donors, officers, directors, or agents. I agree that under no circumstances will I or any third-party, on my own behalf or

on behalf of any or all of my children who consume donated milk from MMA, present any claims against MMA or any of its donors, officers, directors, or agents for using and consuming donated milk or any activity incidental thereof.

I acknowledge that the milk I am receiving from Mothers' Milk Alliance is free of charge and that Wisconsin Statute 895.51 states: "A charitable organization, which distributes food free of charge to any person, is immune from civil liability for death or injury of a person related to the food."

I have read and fully understand the terms of this Waiver and Release. I intend my signature to be a complete and unconditional waiver and release of all liability of MMA and its donors, officers, directors, or agents. I understand that this Waiver and Release will remain in effect unless revoked in writing. I hereby agree to the terms of this Waiver and Release by signing freely and voluntarily.

Signature of at least one named parent

Date

For Office Use Check one: One-time Recipient _____ On-Going Recipient _____ Unsure _____

Special recipient circumstances or milk needs: _____

Donation(s) toward operation costs (amount/date): _____

Other notes: _____
