

Addendum A
Known Dates of Unavailability

I / We have read the attached contract, describing the Doula Services/Known Dates of Unavailability and agree that it reflects the discussion we have had with Bridgette A. Becker, LMT, Birth Doula, BFE, PE, RI, HBIMI. / The Joy of Birthing.

By signing below, I, _____ and _____ further acknowledge the services of Bridgette A. Becker, LMT, Birth Doula, BFE, PE, RI, HBIMI. / The Joy of Birthing as outlined in this contract. By signing, I, _____ and _____ further understand and accept the Services outlined, Known Dates of Unavailability and the limitations thereof.

Client Signature Date

Client's Spouse/Partner/Family Member/ Signature Date