

FOR OFFICE USE ONLY: _____ Weeks Gender Boy/Girl Add-Ons _____ Coupon _____ Paid _____ C V S GC
Under 8 / Heartbeat Scan / Early Gender 14 16/ 2D Basic Mid Upper Premium
HD Basic Mid Upper Premium Images Sent _____ Video Sent _____



Sneak A Peek Ultrasound

Client Information

Full Name: _____ Due Date: M/ D/ Y/
First/Last name

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone number: () _____ Doctor/MidWife: _____

EMAIL ADDRESS>>> _____

How did you hear about us?(circle one) Facebook Google Your Doctor Your Midwife TV Radio Magazine Friend Family Other _____

Please Initial and Sign Below.

Waiver

Prenatal Care: I acknowledge that I have been informed by **Sneak-a-Peek** Ultrasound that prenatal care is important to a healthy pregnancy. I understand that this ultrasound is not to be used to replace physician care. I have been informed that the federal Food and Drug Administration has determined that the use of medical ultrasound equipment for reasons other than medical purposes, without a physician's prescription, is an unapproved use. I am currently receiving prenatal care. If I have any concerns regarding my pregnancy, I will contact my doctor. I will in no way rely on **Sneak-a-Peek** Ultrasound or its services for medical advice. _____

No Professional Negligence Claims: I am purchasing **Sneak-a-Peek** Ultrasound services and products for keepsake, non-medical purposes. I agree that I have no right to recourse against **Sneak-a-Peek** Ultrasound in any medical malpractice, professional negligence or any medical related claim arising out of or in any way related to my pregnancy or birth of my child. This includes any claim for error in gender determination. _____

Assumption of Risks: I acknowledge that there is inherent risk in any activity involving a fetus and there are potential risks in this type of activity. I understand **Sneak-a-Peek** Ultrasound follows FDA recommendations for length of scan and frequency of ultrasound waves, and that not detrimental effects have been found in 40 years of studies. I hereby voluntarily assume all risk of harm or injury to me or my baby resulting from the services provided by **Sneak-a-Peek** Ultrasound. _____

Waiver and Release of Claims: I hereby waive, release, acquit and forever discharge **Sneak-a-Peek** Ultrasound from any and all claims, expenses, demands, costs, causes of action, and other actions and liabilities, of any nature whatsoever, whether known or unknown, whether in law or equity, that I or my baby may have arising out of or in any way related to my visit to **Sneak-a-Peek** Ultrasound. I agree that I shall have no right whatsoever to file any lawsuit or institute any other action or legal proceedings of any type arising out of or in any way related to my visit to **Sneak-a-Peek** Ultrasound. _____

Photo Release: I give **Sneak-a-Peek** Ultrasound permission to post or use any photos or recorded data for advertisement purposes. _____

Image Quality: I understand that this is a non-diagnostic ultrasound. I also realize this ultrasound is done for entertainment purposes only. It is not the responsibility of the technologist to diagnose or report any abnormal finding, however, the technologist may contact my healthcare provider in the event of an anomaly or any abnormal finding. I am aware that certain circumstances may prevent the technologist from being able to obtain the images. Such circumstances include; fetal position, decreased amniotic fluid in the area of interest, maternal obesity, placental location and/or the extremities obstructing the sonographic view point. If this happens you will receive one free redo with all scans. _____

I have read and understand all of the above, I agree to all of the above.

Signature: _____ Date _____

Witness: _____ Date _____