Please read carefully before any ultrasound services take place.  In order to be eligible for an ultrasound, you must be under the care of a provider and at least 15 weeks gestation.

**Disclaimer:**

Peek A Boo Baby is not a medical facility. We will not be looking for any potential abnormalities or health-related issues that could be preexisting at the time of your appointment. We are for the sole purposes of obtaining keepsake images and offering a bonding experience with you and your baby.

On rare occasion, we may deem it necessary for you to be evaluated by a professional. If this happens, do not be alarmed, for only a medical professional can make any diagnosis. This is just a precautionary measure. In this case, we will make a courtesy call (with your permission) to your provider with a verbal explanation of any suspicions.

Each ultrasound session is different. Whereas obtaining many beautiful images on one client might be easy, the next client might be difficult to get even one good face picture. Image quality may vary by amniotic fluid, gestational age, fetal position, placenta, or maternal body habitus (weight, build, size, etc.). Although we can’t guarantee great images 100% of the time, we can guarantee we will do our very best to get great images.

ELECTIVE ULTRASOUND SERVICE AGREEMENT: PEEK A BOO BABY, LLC Waiver & Release

• I understand that this ultrasound service is non-diagnostic and does not take the place of a medical ultrasound.

• I understand no diagnosis will be made during this ultrasound. If I have concerns about my pregnancy, I will contact my provider. I will not rely on Peek A Boo Baby, LLC for any medical advice.

• I am purchasing Peek A Boo Baby, LLC’s services for keepsake images only. Peek A Boo Baby, LLC is not a licensed medical professional and is not providing any medical care. I agree I have no right to recourse against Peek A Boo Baby, LLC in any medical malpractice, professional negligence, or any medical related claim related to my pregnancy or the birth of my child, including error in sex determination.

• I understand there is inherent risk in any activity while pregnant including this ultrasound session. I acknowledge it is my responsibility to inform myself of these risks before pursuing these ultrasound services. I assume all risk of harm or injury to me or my fetus resulting from the services provided by Peek A Boo Baby, LLC.

• I hereby release and forever discharge Peek A Boo Baby, LLC and their employees from all  liability, claims and demands, actions and causes of action, and other actions and liabilities, of  any nature whatsoever, that I or my baby have arising out of or in any way related to my visit to Peek A Boo Baby, LLC. I agree that I have no right 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 Peek A Boo Baby, LLC.

• As defined in this document, Peek A Boo Baby, LLC shall include its owners, officers, agents, employees, attorneys, and affiliated related entities.

• I understand this waiver and release is a binding legal document that affects my legal rights. This document also binds my spouse, children, heirs, representatives, distributes, guardians, and assigns.

• FDA DISCLOSURE. I have been informed that the use of medical ultrasound equipment for other than medical purposes, or without a physician’s prescription, is an unapproved use of this equipment.

By signing, you confirm that you have read and agree to these terms and conditions. (Without agreement of the above, this service will not be provided.)

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_