



Peek A Baby Boutique LLC Elective Ultrasound Service Agreement

This form must be read carefully and signed and dated before any ultrasound services take place. In order to be eligible for an ultrasound, you must be: **18 years old, under the care of a provider, and at least 16 weeks gestation.**

Client Information

Name: _____

Phone: _____ Email: _____

Provider's Name: _____

Provider's Establishment & Location: _____

What is your clinically established due date: _____

Do we have permission to contact your OB/GYN Provider with any potential concerns? _____

Disclaimer

Peek A Baby Boutique 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, our sonographer may deem it necessary for you to be evaluated by a professional medical provider. If this happens, do not be alarmed for only a medical professional can make any diagnosis. It 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, we can guarantee we will do our very best to get great images.



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 Baby Boutique LLC for any medical advice.
- I am purchasing Peek A Baby Boutique LLC's services for keepsake images only. Peek A Baby Boutique 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 Baby Boutique 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 Baby Boutique LLC.
- I hereby release and forever discharge Peek A Baby Boutique 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 Baby Boutique 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 Baby Boutique LLC.
- As defined in this document, Peek A Baby Boutique 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 this form, I confirm that I have read and agree to these terms and conditions.

(Without agreement of the above, this service will not be provided.)

Do we have permission to post your ultrasound images to social media without providing your personal information? Circle one: YES / NO

Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____