

Client Information & Waiver

NAME: _____
HOME ADDRESS: _____
CITY, ZIP: _____
PHONE:(HOME) _____ (WORK) _____
EMAIL: _____
DOCTOR NAME: _____
DOCTOR ADDRESS: _____
DOCTOR PHONE: _____ DUE DATE: _____
HOW DID YOU HEAR ABOUT US: _____

Prenatal Care: I acknowledge that I have been informed by *Sweet Cheeks 4D* that prenatal care is important to a healthy pregnancy. I am currently receiving prenatal care and my doctor has been informed and has no objections to my attending this sonography session.

Concerns Should Be Referred to Physician: I have also been informed by *Sweet Cheeks 4D* that use of *Sweet Cheeks 4D* services cannot substitute for care of a physician. If I have any concerns regarding my pregnancy, I will contact my doctor. I will in no way rely upon *Sweet Cheeks 4D* or its services for medical advice.

No Professional Negligence Claims: I am purchasing *Sweet Cheeks 4D* services and products for keepsake, non-medical purposes. I agree to recourse against *Sweet Cheeks 4D* in any medical malpractice, professional negligence or any medical related claim arising out of or in any way related to my pregnancy or the birth of my child. This includes any claim for error in gender determination. Gender can only be determined 100% by Genetic testing with your medical provider.

Assumption of Risk: 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 *Sweet Cheeks 4D* follows FDA recommendations for length of scan and frequency of ultrasound sound waves, and that no 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 *Sweet Cheeks 4D*.

Waiver and Release of Claims: I hereby waive, release, acquit, and forever discharge *Sweet Cheeks 4D* 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 *Sweet Cheeks 4D*. I agree that I shall have no rights whatsoever to file any lawsuit or institute any other action or legal proceedings of any type arising out of or in way related to my visit to *Sweet Cheeks 4D*.

Photo Release: I give *Sweet Cheeks 4D* permission to post or use any photos or recorded data for advertisement purposes. I understand no name will be posted or used with the photos without permission.

Physician notification: I have notified my physician that I have chosen to obtain an elective 3-D fetal ultrasound from *Sweet Cheeks 4D* & I understand my physician has not ordered this. 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 have been informed that *Sweet Cheeks 4D* follows FDA recommendations for frequency (sound waves) and length of scan which has found no detrimental effects in 40 years of case studies.

Picture Quality: I understand picture quality is dependent on many factors that are not in our control. I understand that *Sweet Cheeks 4D* is not always able to obtain pictures of every baby. I understand that this is a service and that no refunds are available if unable to obtain pictures, gender, or video. Please note that quantity of images on CD will depend on baby's cooperation during the session. Payment in full is required at time of initial visit. If we are unable to obtain pictures, we will reschedule you for 1 free visit within 2 weeks of original scan at no additional charge. Any additional scans are \$25.00 per scan.

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

Signature: _____ Date: _____