



Release and Waiver of Liability

All About Baby Inc. provides keepsake entertainment prenatal 2D, 3D, and 4D ultrasounds. The ultrasound provided by All About Baby does not replace a diagnostic medical ultrasound, and will not provide and diagnosis or medical input of any kind.

As a conditions of receiving an elective ultrasound from All About Baby, I _____(print name) hereby acknowledge, understand, and agree to the following statements:

1. _____(Initials) I am having an elective, non-medical prenatal ultrasound on a voluntary basis.
2. _____(Initials) I attest that I am under the care of a physician, nurse midwife, or other licensed healthcare provider who is responsible for all medical diagnosis, input and recommendations relating to my pregnancy. Name of health care provider:_____
3. _____(Initials) I understand that the ultrasound provided by All About Baby does not take the place of a diagnostic medical ultrasound or any other procedure ordered by my healthcare provider at any point during my pregnancy.
4. _____(Initials) I understand that I am responsible for contacting my healthcare provider with any questions or concerns that arise from having an ultrasound performed by All About Baby.
5. _____(Initials) I understand that the ultrasound technologist performing my ultrasound is not a physician and is not able to provide any form of medical diagnosis relating to an ultrasound performed by All About Baby.
6. _____(Initials) I understand that the ultrasound provided by All About Baby is for entertainment purposes only and is not being used to confirm fetal well being.
7. _____(Initials) I acknowledge that I have undergone/will undergo a medical diagnostic ultrasound with this pregnancy prescribed by my health care provider. I understand that my health care provider is responsible for establishing estimated date of delivery, screening for fetal abnormalities, and evaluating for any other abnormalities related to my pregnancy.
8. _____(Initials) While All About Baby does not provide a medical ultrasound, our experienced ultrasound technologists may identify obvious problems while performing your entertainment ultrasound. I understand that ultrasound technologists working for All About Baby have the right to discontinue an elective ultrasound at any time if an obvious problem is visualized with the pregnancy, and that I am responsible for immediate follow up with my health care provider or hospital Emergency Room or Labor & Delivery department. If your exam is discontinued by All About Baby, you will be entitled to a full refund.
9. _____(Initials) I am purchasing All About Baby's Services for keepsake, non-medical purposes. I agree that I have no right or recourse against All About Baby 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.
10. _____(Initials) I acknowledge that there is an inherent risk in any activity involving a fetus and that there are potential risks with this type of activity. All About Baby employs ARDMS registered ultrasound technologists who follow FDA recommendations for length of scan and frequency of sound waves, and that no detrimental effects have been found in 40 years of studies regarding properly administered ultrasounds. I hereby voluntarily assume all risk of harm or injury to me or my baby resulting from the services provided by All About Baby.
11. _____(Initials)I understand that picture quality is dependent upon many factors including, but not limited to, maternal body habitus, fetal position, placenta position, amniotic fluid levels, and gestational age. 12. _____(Initials)I give All About Baby permission to post or use any images or recorded data for advertising purposes. I understand no names will be used on the photos. 13. _____(Initials) I acknowledge that this agreement made between myself and All About Baby remains in effect for all ultrasounds performed by All About Baby during this pregnancy.

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

Signature _____ Intials: _____ Date: _____

Witness Signature: _____ Date: _____