

Release and waiver of liability form



Date/...../.....

Estimated Due Date/...../.....

Proof of prenatal care: (please check one)

- Sonogram picture
- OB/GYN appointment card or Name of Dr: _____

Little Bo Peep offers this elective 3D/4D prenatal ultrasound for keepsake purposes only.

Please initial the following:

_____ I understand that this is not a diagnostic medical ultrasound and no medical information will be given. The ultrasound technician is not a doctor and cannot interpret diagnostic ultrasound.

_____ I understand that the quality of your ultrasound depend on many factors including body thickness, fetal position, placental position and amniotic fluid volume. Little Bo Peep does not guarantee the quality of the images or ability to visualize any characteristics of the fetus.

I AGREE TO RELEASE AND HOLD HARMLESS LITTLE BO PEEP, ITS AGENTS AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CASES OF ACTION FOR INJURY, HARM, LOSS, DAMAGE OR OTHER LIABILITY WHICH RESULTS FROM FAILURE TO ACCURATELY DETERMINE FETAL GENDER OR ANY OTHER CHARACTERISTIC OF THE FETUS.

I have carefully read this Release and Waiver of liability and by signing below acknowledge that I fully understand and agree to its content.

SIGNATURE: **PRINTED NAME:**.....

WITNESS (staff): **PRINTED NAME:**.....

ADDRESS:.....

EMAIL:

Where did you hear about Little Bo Peep?
(Circle one) Internet, Word of Mouth, Doctor, Advertisement, Returning Customer.

Would you like to receive information on blood cord banking? Yes No

I CONSENT TO HAVE MY PHOTO POSTED ON SOCIAL MEDIA (Optional: for use of photo booth only)

FACEBOOK NAME:

INSTAGRAM NAME: