



Waiver and Release

Prenatal Care: I acknowledge that I have been informed by Buckeye Baby 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 Buckeye Baby that the use of Buckeye Baby 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 Buckeye Baby or its services for medical advice.

No Professional Negligence Claims: I am purchasing Buckeye Baby services and products for keepsake, non-medical purposes. I agree that I have no right to recourse against Buckeye 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.

Assumption of Risks: 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 Buckeye Baby 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 to my baby resulting from the services provided by Buckeye Baby.

Waiver and Release of Claims: I hereby waive, release, acquit and forever discharge Buckeye Baby from any and all claims, expenses, demands, costs, causes of action, and other actions and liabilities, of any nature whatsoever, whether know 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 Buckeye Baby. I agree that I shall have no right to whatsoever 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 Buckeye Baby.

Photo Release: I give Buckeye Baby permission to post or use any photos or recorded data for advertisement purposes.

I DO NOT give my permission to post or use any photos or recorded data for publication.

Picture Quality: I understand picture quality is dependent on many factors. I understand that Buckeye Baby is not always able to obtain pictures of every baby. I understand no refunds are available if unable to obtain pictures or gender.

"I have carefully read this document and by signing at the bottom, acknowledge that I fully understand and agree to its contents."

Signature: _____ **Date:** _____

CLIENT INFORMATION SHEET

NAME: _____ D.O.B. ___/___/_____

HOME ADDRESS: _____

CITY, ZIP: _____

PHONE: (CELL): _____ EMAIL: _____

HOW DID YO HEAR ABOUT US: _____

PREGNANCY DUE DATE: _____

I AM RECEIVING PRENATAL CARE: YES _____ NO _____

DOCTOR NAME: _____

DOCTOR ADDRESS: _____

DOCTOR PHONE: _____

DATE OF ULTRASOUND BY MD: _____

I have notified my physician that I have chosen to obtain an elective 3-D fetal ultrasound from Buckeye Baby Ultrasound. I understand this has not been ordered by my physician. 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 other than medical purposes, without a physician's prescription, is an unapproved use. I have been informed that Buckeye Baby Ultrasound follows FDA recommendations for frequency (sound waves) and length of scan which has found no detrimental effects in 40 years of case studies.

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

Signature: _____ Date: _____

IT'S A SURPRISE! I DO NOT WANT THE GENDER REVEALED (Reveal given in a sealed envelope)

For Buckeye Baby Ultrasound USE ONLY

CONFIRMATION OF PRENATAL CARE IS REQUIRED

Gestation: _____

NO. Of FETUSES: _____

FHR: _____

GENDER: _____