



REGISTRATION

Date _____ Date _____ Date _____ Date _____

Name: _____

Date of Birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____

If you would like us to follow you, what is your IG name: @_____

Pregnancy Info:

Estimated Due Date: _____/_____/_____ Weeks Today: _____

Mom's Current Weight: _____

Do You Want to Know the Gender of your Baby? ____ Yes ____ No

Do you want the Gender put in an envelope? ____ Yes ____ No

Twins or Triplets? ____

OB Physician _____ Phone # _____

When was your last Sonogram? ____/____/_____

Was it Normal? ____ Yes ____ No

If Not, Why? _____

I verify the accuracy of the information above. I authorize Peek A Boo3D Imaging, LLC to disclose medical information to my healthcare provider if necessary. I understand that I am financially responsible for all charges related to this elective sonogram.

Patient Signature _____

Print Name _____

How did you hear about us?

____ Facebook _____ Doc Office, Which? _____

____ IG _____ Event, Which? _____

____ Google _____ Friend, Who? _____

____ Returning Customer _____ Baby Store, Which? _____

For Office Use Only:

____ Boy ____ Girl ____ Gender Reveal



WAIVER

Prenatal Care: It is understood that this elective session is conducted for the purpose of entertainment at the request of the client. If I have any concerns regarding my pregnancy, I will contact my doctor. I will in no way rely upon *PeekABoo3D Imaging* or its services for medical advice.

No Professional Negligence Claims: I am purchasing *PeekABoo3D Imaging's* services and products for keepsake, non-medical purposes. I agree that I have no right to recourse against *PeekABoo3D Imaging*, its Agents, Affiliates, Ultrasound Technologists, Owners, and Employees 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 *PeekABoo3D Imaging* 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 *PeekABoo3D Imaging*.

Waiver and Release of Claims: I hereby waive, release, acquit and forever discharge *PeekABoo3D Imaging* 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 *PeekABoo3D Imaging*. I agree that I shall have no right 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 *PeekABoo3D Imaging*.

Photo Release: I give *PeekABoo3D Imaging* permission to post or use any photos or recorded data for advertisement purposes.

_____ **Picture Quality:** I understand picture quality is dependent on many factors. I understand that *PeekABoo3D Imaging* is not always able to obtain pictures of every baby, due to factors such as ***mom's body habitus, baby positioning, placental location, etc... We will make every effort to obtain the best pictures. I understand NO REFUNDS are available if unable to obtain pictures, gender, or incorrect gender. When receiving the image and/or video link, you have 30 days to download your images/video on your home device, from the dropbox app. After 30 days, the video cannot be retrieved, and there will be NO REFUND. Not all pictures will look like the pictures we post, as every mom scans differently.

_____ **Returning Appointments:** Due to the high demand for Saturdays, we **DO NOT** schedule ANY returning appointments or bring backs on Saturdays, including the \$25 return visits. Please see our weekly hours to know when to schedule your 2nd returning appointments for the Pair of Peeks. We provide a courtesy return visit if baby is not cooperating, but if you cannot return within 1 week, M-F, you will receive all items purchased with the package on the original appointment date.

*****If you reschedule or cancel any appointment within 48 hours, there is a \$50 fee. (Includes ALL return visits) There is also a \$50 no show fee*****

I understand that this elective ultrasound is to obtain keepsake 3D/4D/5D, non-diagnostic ultrasound pictures for my own personal use and enjoyment. I have read and understand all of the above. I agree to all of the above.

Signature: _____ Date: _____