Lil’ Pirate Preview, Inc.

3D/4D Ultrasound Studio

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s Due Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Boy / Girl / Unknown If unknown, do you want to know? Yes / No

Are you aware of any abnormality of baby or amniotic fluid level with this pregnancy? Yes / No

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If, during your session, a problem is discovered that needs to be reported to your OB/GYN, may we report it? Yes / No

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If personal information is removed, may Lil’ Pirate Preview, Inc. use any images obtained during your session on our website, social media pages, or advertisements? Yes/ No

**Waiver of Liability**

Please initial each:

\_\_\_\_\_\_\_\_\_\_ I understand that this is an elective ultrasound to be used for entertainment purposes only.

\_\_\_\_\_\_\_\_\_\_ I understand that this ultrasound is not a substitute for any ultrasound(s) or other diagnostic test(s) that are recommended and/or provided by my health care provider.

\_\_\_\_\_\_\_\_\_\_ I understand that the sonographer and Lil’ Pirate Preview, Inc. are not responsible for diagnosing any medical issues.

\_\_\_\_\_\_\_\_\_\_ I understand that the quality of my ultrasound is effected by conditions that are beyond the control of the ultrasound machine or the sonographer (i.e., body habitus, amniotic fluid level, gestational age, fetal position).

\_\_\_\_\_\_\_\_\_\_ I understand that, if face or gender (with Gender package) cannot be seen, only one free re-scan will be attempted.

\_\_\_\_\_\_\_\_\_\_ I understand that, due to conditions beyond the sonographer’s control, face pictures cannot be guaranteed and may be substituted with pictures of other fetal parts (i.e., hands, feet).

\_\_\_\_\_\_\_\_\_\_ I understand that Lil’ Pirate Preview, Inc. does not offer refunds on pictures, CDs, or DVDs once they have been created.

I have completely read and understood this Waiver of Liability and I completely agree with its contents.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_