

Waiver and Release

Please read and provide a signature of agreement.

- I understand that the products and services that On-the-Go Sono, LLC provide are for non-medical purposes only and should not take the place of prenatal care provided by a licensed prenatal care provider.
- I am currently receiving prenatal care, and my chosen healthcare provider has no objections to my acceptance of services provided by On-the-Go Sono, LLC.
- No medical diagnoses will be made during the time of service regarding the development of the fetus.
- Any questions or concerns I have about my pregnancy or baby will be directed to my personal healthcare provider.
- I agree that I have no right to file any lawsuits or institute any legal action or proceedings against On-the-Go Sono, LLC in any circumstance. Claims such as medical malpractice, professional negligence, error in gender determination, or any other related claim pertaining to my experience during rendering of services, my pregnancy, or the birth of my child are forfeited entirely. I hereby waive, release, and forever exonerate On-the-Go Sono, LLC 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 On-the-Go Sono, LLC. This includes claims of negligence.
- I understand that a guarantee cannot be made as to the quality of the pictures that are obtained during the ultrasound. This includes images to determine the gender of the baby. I understand that the picture quality is dependent on many factors that are outside the performing sonographer's control, such as baby's position, placenta location, amount of amniotic fluid, and my size and weight. I agree not to hold On-the-Go Sono, LLC accountable for these factors. I acknowledge that the sonographer will do the best of his or her ability and that refunds are not given in the event that pristine quality images and/or gender images are not obtainable.
- I understand that it is my responsibility, as the accepting party, to further educate myself of the possible risks involved with ultrasound scans. I understand that On-the-Go Sono, LLC follows FDA regulations for length of exam and frequency of ultrasonic sound waves. I acknowledge the risks associated and wish to proceed with the exam.
- I give On-the-Go Sono permission to post or use any photos or recorded data obtained during my session for advertisement purposes. It is my understanding that names and any other information that could be used to identify me will be excluded from these said pictures and recorded data.
- I understand that the federal Food and Drug Administration has found that the use of medical ultrasound equipment without a physician's order or for anything other than medical purposes has yet to be approved.
- I understand that if I am a minor under the age of 18, that I must provide written or verbal consent from a parent or guardian. Any attempt to falsify this consent is not a liability of On-the-Go Sono, LLC.

- In this document, wherever On-the-Go Sono, LLC appears, it shall include any and all affiliated employees and entities.

I hereby authorize On-the-Go Sono, LLC to perform an elective 2D, 3D, and 4D ultrasound exam on myself and my baby. I acknowledge that my signature found below on this legal document is binding for myself as well as any and all relatives, friends, or any other person associated with me in reference to this ultrasound session. I have read and understand everything that is stated above. My signature represents my agreement to the above statements.

Signature:

Date: