



RECIPIENT CONSENT FORM

I/We, _____ desire to be therapeutically inseminated for the purpose of conceiving a child to be treated in all respects as the natural child of myself/ourselves, freely and knowingly agreeing to the terms of this consent and understanding that I/we are bound to it.

I/We agree and consent that I/we will obtain the necessary sperm from a donor who shall not be advised of the identity of myself/ourselves, nor shall I/we ever be advised of the identity of the donor. It is also agreed that frozen donor sperm, quarantined for HIV (the AIDS virus) and Hepatitis C virus, will be used.

I/We hereby take cognizance of the fact that within the normal human population a certain percentage of children with physical or mental defects are born, and that University Andrology Lab/University Fertility Consultants cannot and will not be held responsible for the physical and mental characteristics of any child born as a result of therapeutic insemination. I/We therefore agree not to take any legal action whatsoever against University Andrology Lab/University Fertility Consultants personnel in the event of a physically or mentally deficient child. It is further understood and agreed that the nature of this agreement is such that it must remain confidential; therefore, I/we agree that the sole copy of this document will be maintained in the University Andrology Lab's confidential files.

Signed, Recipient

Signed, Husband/Partner

THIS FORM MUST BE NOTARIZED:

STATE OF _____,
County of _____

BE IT REMEMBERED, That in this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared the within named _____

known to me to be the identical individual _____ described in and who executed the within instrument and acknowledged to me that _____ executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public for _____

My commission expires _____

STATE OF _____,
County of _____

BE IT REMEMBERED, That in this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, personally appeared the within named _____

known to me to be the identical individual _____ described in and who executed the within instrument and acknowledged to me that _____ executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public for _____

My commission expires _____