

KUTTEH KE FERTILITY ASSOCIATES OF MEMPHIS, PLLC

80 Humphreys Center, Suite 307
 Memphis, Tennessee 38120-2363
 (901) 747-2229

AGREEMENT FOR ARTIFICIAL INSEMINATION - ANONYMOUS DONOR

- 1) We, _____ (*Husband*) and _____ (*wife*), being Husband and Wife and both over the age of twenty-one years, do hereby request and authorize Dr. _____ or his/her associates to inseminate Wife artificially and to use the semen of an unknown donor for that purpose. The physician may employ such assistance as may be necessary for the purpose of accomplishing the artificial insemination.
- 2) We were married at _____ (place) on the _day_ of _____, 19____, and have cohabited together as man and wife since that date. We are eager to have a child and we believe that this artificial insemination will promote our mutual happiness and well-being.
- 3) We understand that several attempts at artificial insemination may be necessary and that the physician does not warrant or guarantee that pregnancy or full-term pregnancy will result from the artificial insemination.
- :
 - 4) To induce the physician to render the services herein requested, we and each of us agree that:
 - a) Under no circumstances shall we require that the name of the donor of the semen be divulged to us or anyone else, and we accordingly forever waive all rights, if any, that we may have as to the name, identity, or any information of any kind concerning the donor.
 - b) We release the physician from any and all liability and responsibility of any nature whatsoever which may result from complications of childbirth or delivery or from the birth of an infant or infants abnormal in any respect, or from the heredity or hereditary tendencies of such issue, or from any other adverse consequences which may arise in connection with or as a result of the artificial insemination herein authorized.
 - c) We shall refrain from bringing any legal action of any kind, and refrain from aiding or abetting anyone else in bringing legal action for or on account of any matter or thing which might arise out of the artificial insemination herein contemplated. Although reasonable safeguards will be employed, we acknowledge that there is a risk of being infected by disease including AIDS.
 - d) We shall indemnify Dr. _____ for any attorney's fees, court costs, damages, judgments, or any other losses or expenses incurred by that physician or for which that physician may be responsible with respect to any claim, legal action or defense thereto arising out of the artificial insemination hereby requested, including any claim or legal action brought by the child or children resulting from the artificial insemination.

5. With full knowledge and understanding of the attendant risks and consequences of our participation, we each consent to the medical procedures described in this Consent Form. We each acknowledge and affirm that we have given our consent and entered into this agreement without coercion or compulsion and of our own free will.

Signature of Wife

Date

Signature of Husband

Date

Physician M.D.

Date