



I know and agree that the treatment will be performed by any designated person, according to the institutional procedures and directives, and that there is no guarantee that it will be performed, fully or in part, by a specific person, as long as it is performed in keeping with the institution's standard degree of responsibility and in accordance with the law.

I hereby waive, on behalf of myself, on behalf of my heirs, estate and legal representatives and on behalf of any person acting in my name, any claim or demand of any kind with regards to, or derived from the tests and treatments performed for the artificial insemination, from the insemination itself, from the selection of the sperm and donor or his personal, genetic, spiritual and physical characteristics, his country of origin or ethnicity, and concerning the child(ren) born, if born, his/her/their sex, external appearance, nature, characteristics or health condition.

I agree and declare that the child(ren) born of the insemination will carry my name and be considered my son(s)/daughter(s) for all purposes, including alimony and inheritance.

\_\_\_\_\_

Date

\_\_\_\_\_

Woman's Signature

I hereby confirm that I have given the woman a detailed oral explanation of all the above-mentioned facts and considerations as required and that she has signed the consent form in my presence after I was convinced that she fully understood my explanations.

\_\_\_\_\_

Name of Physician

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

License No.