



## RELATIVE'S AFFIDAVIT

**7895 East Acoma Drive, Suite 110  
Scottsdale, AZ 85260-6916**

1) I, **RELATIVE NAME**, now residing at **RELATIVE ADDRESS**, hereby certify that I am \_\_\_\_\_ years of age and that I am the **RELATION** of **MEMBER NAME** (Member).

2) From my own knowledge of the wishes of the Member, I know that it has been and now is his/her intention and desire, upon legal death, to have his/her human remains preserved by the cryogenic treatment known as cryopreservation, for the purpose of advancing research in the fields of cryobiology and cryonics and for possible restoration to life and health at some future date.

3) I also know that in order to implement this decision, the Member has arranged to donate his/her human remains (under the provisions of the laws governing anatomical donations) and appropriate funds (as determined by the Member's contract with Alcor) to the Alcor Life Extension Foundation (Alcor), a California non-profit corporation having its principal office and place of business at 7895 E. Acoma Dr., Suite #110, Scottsdale, AZ 85260. I am aware that if state statutes or judicial rulings make this arrangement legally impossible under the laws governing anatomical donations, the Member still wishes this procedure to be carried out under whatever legal means may be available.

4) I agree to abide by this decision of the Member and, in order to facilitate the implementation of this decision, I hereby grant over to Alcor, without reservation, any and all interests and rights I may have pertaining to the human remains of the Member following his/her legal death.

5) I understand that this consent does not imply or require that I personally subscribe to the concept of cryopreservation.

6) I understand that I bear no financial responsibility for the Member's cryopreservation, unless I have made such arrangement by separate contract. Alcor will make no claim against me for funds to effect or continue the Member's cryopreservation, unless I have specifically authorized such a claim in writing.

7) I further agree to sign any and all forms which Alcor may later require of me pertaining to this transfer of interests and rights in the Member's mortal remains, whether this transfer is carried out under the laws governing anatomical donations or under some legal means as yet undetermined.

8) I hereby disclaim and renounce any interest I may have (subject to the laws of inheritance of the state in which the Member resides) in any and all monies and properties which the Member has designated or may designate to be applied to the purpose of effecting or continuing the cryopreservation of his/her human remains.

9) I agree to take all actions reasonably necessary to permit, and to forego all actions which might interfere with, the cryopreservation of the Member.

10) I agree to immediately notify Alcor by the fastest means available when I become aware that the Member is afflicted with any life-threatening illness or injury and/or upon the death of the Member.

11) I agree to cooperate in all ways with Alcor in assisting its personnel to gain access to the Member, to the Member's medical records, and to the Member's physician while the Member is being treated in a medical facility, including the Intensive Care Unit and other areas normally restricted to relatives only.

12) I agree to make efforts to persuade the relevant medical authorities to release the Member's body to Alcor immediately after the Member's legal death. I further agree to make such efforts, if possible, in advance of the Member's death.

13) I agree to make any other such efforts as Alcor may reasonably require to aid in the Member's cryopreservation.

14) I understand that my failure to perform the agreed duties or many other conditions may make it impractical for Alcor to perform the cryopreservation of the Member and that such inability to perform shall relieve Alcor of its duty to cryopreserve the Member, while not disqualifying Alcor from the funds designated to it.

15) I understand and accept that the procedure of cryopreservation is experimental, unperfected, and not consistent with contemporary medical or mortuary practices. I understand that Alcor cannot guarantee the success or quality of any of its procedures, current or yet to be developed, for cryopreservation, maintenance, or revival. There is no guarantee that this procedure will ever be attempted on the Member or if attempted will be continued or successful. I understand and accept that Alcor warrants only that all procedures and decisions connected with cryopreservation, maintenance, and revival will be made with its best efforts and good faith judgment.

16) I understand that this Agreement is reasonably related to the State of Arizona and agree that the provisions of this Agreement (not including the laws of inheritance of the state in which the Member resides) are to be interpreted and enforced according to the provisions of Arizona law. I agree that any lawsuit brought concerning the interpretation or enforcement of this Agreement or concerning my actions or the actions of Alcor regarding the human remains of the Member shall be brought in a state or federal court in Maricopa County, Arizona.

17) I therefore agree not to make any demand or claim on, and not to prosecute or cause to be prosecuted, Alcor, its directors, officers, members, employees, agents, and any companies, corporations, or institutions with which Alcor may contract, for any action taken or committed on or against the Member, in so far as Alcor's decisions and actions are made with its best good faith judgment. I hold each of these persons and organizations free from any and all liability in connection with Alcor's cryopreservation program and the cryopreservation of the Member's human remains, in so far as Alcor has used its best good faith judgment.

**18) Additional questions to be answered by Relative:**

(a) It is important to the credibility of Alcor and of cryonics in general that the public be made aware when persons are placed into cryopreservation. The Member has indicated in the Cryopreservation Agreement whether or not s/he has given permission for his/her name to be used publicly in releases concerning his/her cryopreservation. The Member should show you this and discuss this decision with you.

Alcor recognizes that because of personal grief, a wish to avoid publicity, or an objection to the principles or philosophy of cryopreservation, many relatives will not wish to become involved in any public discussion of the death and cryopreservation of the Member. In consideration of these feelings, Alcor will not release the names of any relatives to the public without their expressed permission. However, it is the hope of Alcor that some relatives of the Member will agree to be interviewed by representatives of the media or at least to release public statements after the legal death and cryopreservation of the Member. No pressure of any kind will be placed upon you to cooperate in this way, and you may change your decision in this regard at any time.

**Please indicate by initialing below the extent to which you are willing to participate.**

\_\_\_\_\_ I permit Alcor to release my name to qualified media representatives.

\_\_\_\_\_ I am willing to be interviewed by qualified media representatives.

\_\_\_\_\_ I may be willing to be interviewed by some specific person after discussion with Alcor, but I do not permit Alcor to release my name directly to media representatives.

\_\_\_\_\_ I may be willing to release a public statement but do not wish to be interviewed, and I do not permit Alcor to release my name directly to media representatives.

\_\_\_\_\_ I do not wish to participate in any way.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(b) Alcor offers two options for cryopreservation: 1) Neurocryopreservation, wherein the Member's brain or entire head is cryopreserved using current vitrification protocols, and 2) Whole Body Cryopreservation, wherein the Member's entire body is cryopreserved with partial vitrification. The Member should inform you of which method s/he has chosen.

Conversion to Neurocryopreservation will take place at the sole and absolute discretion of Alcor in the event that in the best good faith judgment of the Alcor Board of Directors such conversion is essential in order to continue the cryopreservation of the Member.

**Please Initial Your Answers:**

The Member has explained the Neurocryopreservation option and conversion to me.

Yes \_\_\_\_\_ No \_\_\_\_\_

I am willing to accept the Member's decision and choice.

Yes \_\_\_\_\_ No \_\_\_\_\_

My signature below affirms that I have read and agree to the statements made herein.

\_\_\_\_\_  
Signature of Relative

\_\_\_\_\_\ \_\_\_\_\ 20\_\_\_\_  
Month Day Year

STATE OF )  
) ss  
County of )

SUBSCRIBED, SWORN TO and ACKNOWLEDGED before me by

\_\_\_\_\_, the relative of \_\_\_\_\_, on  
RELATIVE NAME MEMBER NAME

(MM\DD\YY) \_\_\_\_\ \_\_\_\_\ 20\_\_\_\_.

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRATION

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
SEAL HERE