

**NATIONAL EMBRYO DONATION CENTER
RELEASE OF INFORMATION FORM**

The National Embryo Donation Center (NEDC), a nonprofit center assisting both embryo donors and embryo recipients, believes it is important to disseminate information about their services and needs to groups and individuals through promotional, educational, or informational materials. NEDC also believes that the privacy and dignity of individuals and client groups are equally important.

I give permission to the National Embryo Donation Center to print information about myself and/or my family and/or use photographs of myself or my child(ren). I waive the opportunity and right to inspect or approve any such information, photos, and/or videotapes or any use to which it may be put, including NEDC's Web Site (www.embryodonation.org).

I release the National Embryo Donation Center, Baptist Health System of East Tennessee, its board of directors, employees, agents, and those acting under its authority from all claims and liabilities of any kind arising from the use of this information.

The people / children involved are: _____

Dated this ____ day of _____, 20____

Signature: _____

Address: _____

Phone: _____

Witness: _____

Date used: _____ Location of Use: _____