

Agreement by Family Member

Form: 99 Agreement by Family Member

I, _____, the undersigned (hereafter referred to as the "Family Member") state that I reside at this address: _____ and that I am of the age of lawful competency and related to or legally associated with _____ (hereafter referred to as the "ACS Member") as his/her _____ (state your relationship).

The ACS Member has provided me with copies of documents whereby he grants to the American Cryonics Society, Inc. ("ACS") the legal authority to perform a cryonic suspension upon his remains. I have read these documents and had the opportunity to discuss them with the ACS Member. I agree to honor the choices the ACS member has made in his execution of these documents and will not interfere with, or cause others to interfere with, ACS, its agents or assigns, in its attempt to accomplish the cryonic suspension, long-term cryogenic storage and possible future reanimation of ACS Member, as authorized and directed by the ACS Member in these documents. These documents are appended to this Agreement and included as a part of this Agreement. They consist of the following (list names of documents):

The ACS Member has expressed to me his/her intent, desire, and wish to have his/her human bodily remains preserved upon death in a state of cryogenic temperature storage by the process known as cryonics. The ACS Member has informed me that his/her remains donation to the American Cryonics Society is for the purpose of advancing charitable research and education in the fields of cryobiology and medicine and the general advancement of public scientific knowledge. The American Cryonics Society is a nonprofit charitable corporation based in California which supports and administers these goals.

I, the Family Member, do grant my irrevocable and unconditional consent to these activities and purposes. Whether or not I agree with this decision, I do testify that, to the best of my knowledge, the ACS Member did not make this decision under force, threat, duress, nor coercion, nor with any intent to escape obligations or debts. The ACS Member is of sound mind, is competent to make decisions regarding cryonics and understands the proposed treatment and implications thereof. The ACS Member did express to me an awareness that cryonics is new, unperfected, experimental, and not consistent with contemporary medical or mortuary practices, and a further understanding that there has been no representation or guarantee that his/her human bodily remains may be among those that may be restored to life and health at a future date.

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Signature of Family Member _____ *date* _____

I understand that the wishes of a decedent regarding the disposition of his/her human bodily remains shall take legal priority over the desires of relatives, survivors and next of kin, and have actual knowledge that she/he specifically forbids relatives or physicians from consenting to a voluntary autopsy of his/her human bodily remains, prohibits donation of any part of the human remains for purposes not related to the cryonic suspended animation, and does not consent to being embalmed. I further understand that human remains do not possess a right to privacy that can be claimed by survivors, relatives, or next of kin, but that the ACS Member has had the opportunity to impose privacy restrictions upon the agent(s) designated to oversee the continuation of his/her cryonically suspended human bodily remains.

I do grant my consent without reservation to the disposition in that legally prescribed manner of cryonics of any non-cerebral remains of the Patient to be disposed of lawfully by cremation or burial if cryonic storage, permafrost burial, if other alternative internment arrangements previously directed are impossible. I understand that ACS shall follow the directions on disposition of the ACS' Member's remains provided to it by the ACS Member in the documents (listed above) he has executed. The American Cryonics Society is irrevocably and perpetually designated to exclusively exercise the right to make such arrangements disposition as may be required and as their authority permits under directive, contract, and law.

I am certain in my own mind that the ACS Member wishes his remains stored in this manner regardless of any law or statutes which could or would hinder, delay or prevent such procedures. I will not impede, interfere with, or attempt to disrupt the storage of the ACS Member's remains. I will not impede, interfere with, or attempt to prevent any attempt ACS may make to restore life to, reanimate, or rejuvenate the ACS Member's remains. I relinquish all rights to scientific or medical products, services, or procedures which may be developed by ACS or it's assigns which come from the experimental cryonic suspension, or other research where biological material, including DNA, of ACS Member are used.

I disavow, quit, and renounce claim to any and all interest that I may have by whatever mechanism in any property, funds, currencies, and beneficial distributions that the ACS Member has designated for cryonics and related purposes.

I shall in no way hinder or interfere with the cryonic suspension of the Patient and agree to assist by immediately informing the American Cryonics Society of any life threatening condition of the Patient. Additionally, I shall secure American Cryonics Society access to the Patient whenever that is within my power to do so and shall not ever hinder such access.

I hold the American Cryonics Society harmless and without liability in any and all civil actions arising directly or otherwise under this affidavit. I shall not be a party to any prosecution of the American Cryonics Society, its' agents, officers, directors, volunteers, or employees.

Note that the term "Family Member" as used herein shall include, encompass, and apply equally, without limitation, all of the following:

spouses, heirs, offspring, adopted children, parents, relatives, kin, next of kin, nearest relatives, other family members, domestic partners, business partners, betrothed, roommates, employees, contractees, tenants, agents, executors, testators, attorney-in-facts, designees, doctors, conservators, guardians, lawyers, health care providers, health care agents, beneficiaries, co-tenants.

The ACS Member, in my best opinion and good judgment, understands that no assurances, guarantees, or promises have been or can be made regarding the restoration of his/her life, identity, personality, memory, lifestyle, nor health at any time, now or future.

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Signature of Family Member _____ *date* _____

By my signature hereunder do I further certify that I too understand cryonics and am competent to make these affirmations regarding the cryonics will and directives of the ACS Member. I shall respect and abide by the choices of the ACS Member regarding cryonics. To this end, I agree to sign any further papers required to enact and ensure the conductance of the wishes of the ACS Member in this regard.

I declare the foregoing to be true and correct under penalty of perjury of the Law of California on this _____ day

of _____ month of _____ year as executed by me at the town and state/province of:

_____.

Signature of Family Member

Witness #1 Signature (optional): _____ Print Name:

Witness #2 Signature (optional): _____ Print Name:

Signature of ACS Member

American Cryonics Society Acknowledgment of Execution:

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