



INTERNATIONAL DISCLAIMER

SPECIAL INFORMED CONSENT FOR INDIVIDUALS RESIDING OR TRAVELING OUTSIDE OF THE UNITED STATES

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

I, «**FNAME**» «**MNAME**» «**LNAME**», now residing at «**ADDR1**», «**CITY**», «**STATE**» «**ZIP**», (Donor), hereby make this Addendum: Special Informed Consent for Individuals Residing or Traveling Outside of the United States of America (Addendum) as an attachment to the CONSENT FOR CRYOPRESERVATION (Consent).

1. I understand and accept that cryopreservation is not consistent with contemporary medical or mortuary practice. I understand that many physicians, cryobiologists, and scientists in other disciplines discount any reasonable possibility that cryopreservation will be successful.
2. I understand and accept that the procedures used to place my remains into cryopreservation are technically sophisticated procedures that require specially trained personnel, specialized equipment and pharmaceuticals, and are most beneficial if utilized as soon as possible after my heart stops beating (a condition known as "clinical death"). I understand that the difficulty of transporting a skilled team, pharmaceuticals and/or equipment outside the United States of America will compromise the results of the procedure.
3. I understand that the laws and customs vary from country to country. I agree and affirm that Alcor is not responsible for knowing the laws or customs in other countries, and is not responsible for social, legal, economic, and other problems that might make cryotransport, cryopreservation, maintenance, or revival of my human remains illegal or impractical. This is particularly true if I am traveling or residing outside the United States at the time of my cryotransport. The problems include, but are not limited to the following:
 - 3.1 The forms that I have filled out with Alcor which conform to the laws of the United States of America to make possible my anatomical donation to Alcor, and to therefore make possible my cryopreservation, may not be accepted or recognized by other countries.
 - 3.2 Alcor may not be able to gain access to my remains in a timely manner or at all.
 - 3.3 The inability of Alcor to place my remains into cryopreservation without extended time delays could result in extensive biological compromise.
 - 3.4 The inability of Alcor to place my remains into cryopreservation at all. Due to the possibility of events beyond Alcor's control, there are no guarantees that my human remains will ever be cryopreserved or will be stored indefinitely if they are cryopreserved.

4. I understand that it would be to my advantage to relocate near Alcor in the event of my physical decline, at my sole cost and responsibility in order to avoid the problems outlined above.

SIGNATURE OF DONOR

YOUR SIGNATURE BELOW CONFIRMS YOUR ACKNOWLEDGMENT THAT:

1. You have read, understood, and consented to all of the provisions of the CONSENT FOR CRYOPRESERVATION to which this Addendum is attached.
2. You are fully aware of and accept the risks and limitations explained in this Addendum: Special Informed Consent for Individuals Residing or Traveling Outside of the United States of America.
3. These limitations and risks have been satisfactorily explained to you by the officers, representatives, and/or other personnel of Alcor.
4. You declare that the arrangement described herein, in conjunction with the **Cryopreservation Agreement** and the **Authorization of Anatomical Donation**, constitutes your last wish as to the disposition of your human remains after legal death.
5. You hereby give your authorization and consent.

Signature of Donor

_____\ | ____\ | 20____
Month Day Year

Time (a.m./p.m.)

WITNESSES

Two (2) witnesses are required to sign in the presence of each other and the Donor. At the time of signing, witnesses must not be relatives of the Donor, health care providers of any kind, or officers, directors, or agents of Alcor.

YOUR SIGNATURE AS WITNESS CONFIRMS YOUR ACKNOWLEDGEMENT THAT:

1. The Donor has represented to you that Donor understands and agrees to the purposes and terms of this Addendum: Special Informed Consent for Individuals Residing or Traveling Outside of the United States of America.

2. The Donor has declared to you that cryopreservation is Donor's last wish as to the disposition of Donor's body and person after legal death.

WITNESSED ON (MM\DD\YY) _____ \ _____ \ 20____
TIME _____ (a.m./p.m.)

1. Signature _____
Printed _____
Social Security # (optional) _____
Address _____
City, State, Zip _____

2. Signature _____
Printed _____
Social Security # (optional) _____
Address _____
City, State, Zip _____