

Donor No: \_\_\_\_\_ (Office only)

## Donor Family Consent and General Release

This is to acknowledge that I willingly give my consent to have my name, address, and telephone number made available to the recipient(s) of the donated tissue from my loved one. I wish to have this information given to any and all of the recipient(s) so that I may share my feelings about donation. I understand that this transfer of information will take place ONLY when agreed upon with the recipient(s) and myself. The opportunity to share information about my loved one the recipient(s) is of immense value in the healing of grief. I agree that should the recipients not wish to have contact; I will refrain from any other request to do so.

In consideration of their willingness to share in the transfer of information and/or to have any contact including but not limited to personal contact I agree to indemnify and hold harmless the Alabama Eye Bank, its officers, directors, employees, agents, caregivers, and institutions that are in any way involved together with their respective officers, directors, employees, and agents. I agree to hold harmless from all liabilities, claims, loss, damages, and expenses of any kind that may incur as a result of the transfer of any information and/ or meeting between the recipient(s) and me. I release each and all the foregoing from liability to heirs, my agents, or me.

I understand that the Alabama Eye Bank implements many different campaigns to increase public awareness regarding eye donation. I also understand that occasionally the Alabama Eye Bank contacts media outlets to schedule interview with donor and/or recipient families. I understand that any media coverage may or may not be publicized. I authorize the release of information and/or photos of my loved one, my family, and me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name of Donor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Donation

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Your Relationship to donor

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address

**Please mail (do not fax) your completed release to:**

Joseph Beckham  
Alabama Eye Bank  
500 Robert Jemison Rd.  
Birmingham, AL 35209