

Rite Options, Inc.

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Donor Consent Form

Please carefully read and sign the following statement and return it via fax, mail, or scan and e-mail to the above fax #, address or e-mail address.

Under the penalty of perjury, I _____ attest that all of the information I have provided on my donor questionnaire form is true and complete to the best of my knowledge. I understand and accept full responsibility for researching the laws regarding assisted reproduction as well as educating myself about potential risks involved with egg donation process. I further agree not to hold Rite Options, Inc responsible for any liability of any nature whatsoever, including but not limited to all risks associated with the legal medical, psychological, genetic &/or any other aspects of the egg donation process. I have a good understanding of the commitment and responsibilities on my part in egg donation process. I give Rite Options, Inc and all their employees the authority to provide the intended, recipient parents and other medium deemed necessary with any of my photographs, videos and all pages of my donor application with the exception of any written identifying information (unless open donation is requested) via web site, e-mail, fax, mail or face-to face domestically or internationally.

Donor Print Name: _____

Donor Signature: _____

Date: _____

A faxed signed copy of this consent form shall be considered valid and binding in lieu of the original signature.