

Oregon Brain Preservation
3265 Marietta St SE
Salem, OR 97317
503-585-2781

Document of Gift and Informed Consent

I hereby donate my body to Oregon Brain Preservation for the purposes of research and education.

Informed Consent

1. I understand what has been read or explained and I am granting Informed Consent for non-transplant anatomical donation acquisition.
2. My name and address, as well as records, shall be kept on file by Oregon Brain Preservation.
3. Body donation is a gift, and neither I nor my estate will receive monetary compensation or valuable consideration for it.
4. The only tissue that will be recovered will be the brain and possibly supporting tissues, such as the skull and soft tissues of the head.
5. I authorize access to and disclosure of all my medical records to Oregon Brain Preservation.
6. I authorize testing and reporting for transmissible diseases.
7. Positive test results will be reported or disclosed if required by law or regulation (e.g., to the living donor, to the attending physician, or to appropriate health officials).
8. Risks and benefits to me, as the living donor, are not applicable since procedures are not initiated until after legal death.
9. The body may be used for research and education, after which the remains will be handled as follows:
10. The recovered tissue will be preserved indefinitely. Any anatomical material that is not preserved will be cremated and returned to the next of kin. The cost related to transportation and disposition of the remains is covered by the Donor as part of the separate Preservation Agreement and there are no additional costs. In instances where the Donor subsequently rescinds or the organization later rejects the offer of anatomical material, the Donor will be responsible for all costs incurred.
11. Final disposition will be the responsibility of Oregon Brain Preservation.
12. A copy of this Document of Gift is available at any time to the Donor or to the next of kin.

Donor

Name _____ Date of Birth _____
Address _____ City, State Zip _____
Phone _____
Signature _____ Date Signed _____

Witness

A witness is not usually required, but is included here in case required by state law of a particular state. Not needed in Oregon.

Name _____
Signature _____ Date Signed _____

Oregon Brain Preservation
3265 Marietta St SE
Salem, OR 97317

Brain Preservation Agreement

This agreement is between _____ (the "Patient") and Oregon Brain Preservation (OBP), an Oregon nonprofit corporation.

The Patient, being of sound mind and will, declares in this Agreement his/her intention to have his/her brain preserved by OBP in the hope of possible treatment and revival at some time in the future. The parties hereby agree that OBP shall preserve the brain of the Patient after the Patient's legal death, and that the Patient will make payment for this service as described in this Agreement. The parties agree to perform other tasks as may be required in connection with the preservation in accordance with the terms and conditions set forth below.

I. Duties of OBP

A. OBP shall use its best efforts to preserve the Patient's brain, to the extent possible with the funding provided by the Patient, using such methods as OBP determines in its good faith judgement are most likely to result in the highest quality of preservation.

B. The only tissue that shall be preserved shall be the brain and possibly supporting tissues, such as the skull and soft tissues of the head. The remaining portion of the body shall not be preserved, but shall be cremated and returned to the next of kin at the expense of OBP.

C. At such time that OBP determines in its good faith judgement that the Patient can be satisfactorily revived and rehabilitated in an economically practical manner, OBP shall use its best efforts to revive and rehabilitate the Patient.

D. OBP shall not be responsible for performing procedures on the Patient except at the facility of OBP in Salem, Oregon (or such other location at which OBP possesses facilities and equipment suitable for its procedures). The responsibility for transporting the Patient's body to Salem, Oregon or such other location, as indicated by OBP, shall rest with the Patient and not with OBP. OBP may, at its sole discretion, aid in such transportation, upon payment of a reasonable fee requested by OBP for this assistance.

E. The effectiveness of the Patient's preservation may depend upon the speed with which preparatory procedures are begun after the Patient's death, and upon the feasibility of perfusing the Patient with fixative and/or a cryoprotectant (antifreeze) solution after suitable preparation. OBP shall not be responsible for any problems relating to the Patient's preparation or resulting in whole or in part from

- a. The unavailability of personnel, chemicals, and equipment;
- b. The lack of timely notice to OBP of the Patient's death, impending death or serious illness or injury; or
- c. The Patient's distance from Salem, Oregon (or other such location at which OBP possesses facilities and equipment suitable for its procedures) and the legal, technical, and practical difficulties in transporting the Patient.

F. OBP shall not be responsible for any problems arising by reason of any federal, state, or local statutes, regulations, ordinances, or governmental or judicial directives.

G. OBP shall not be responsible for any failure to preserve the Patient resulting in whole or in part from the Patient's breach of any of his/her duties under this Agreement, or from the failure of cooperation of the Patient's next of kin, family, physician(s), attorney, heirs or executors, or any medical care facility, where such failure makes impractical the timely and adequate preservation of the Patient.

H. Any failure by OBP to perform its obligations hereunder, which failure results in whole or in part from the occurrence of a contingency beyond the reasonable control of OBP, and which contingency makes performance hereunder by OBP impractical (such contingencies to include, without limitation, fire, strike, terrorist action, act of nature, unanticipated disaster, or shortage of materials) is excused, and OBP shall be without liability therefor.

I. OBP strictly follows HIPAA rules for living Patients and does not publicly disclose any Patient information while the Patient is living. Any permission for disclosure must be given by the Patient through a separately signed document. OBP will not publicly release the names of relatives unless those relatives have given their permission in a signed Relative's Affidavit. Case reports are written after each preservation and are released publicly.

1) (default) Reports regarding my preservation may include all biographical and medical details.

If more limited disclosure is requested, check one of these:

2) _____ Reports regarding my preservation may be published in anonymized format, with specific identifiable information such as name, exact age, and city removed, but with all procedures and medical details included.

3) _____ Other instructions _____

In all cases, the Patient understands that brain preservation generates extreme public scrutiny and that information about the Patient may leak to the public from a number of sources. In no case shall OBP be liable for any public disclosure of information.

J. Standby refers to a team deployed and standing by prior to legal death, which is able to provide immediate stabilization, cooling, and transportation services. OBP shall provide Standby to the extent possible with the funding provided by the Patient. Decisions on when to provide Standby, how many personnel to deploy, and what equipment to use shall be made by OBP in its sole good faith judgement.

K. The obligations of OBP shall otherwise be limited as indicated in other sections of this Agreement.

L. All decisions to be made by OBP under this Agreement shall be made by OBP in its sole judgement, and OBP shall not be liable for the consequences of any such decisions made in good faith, whether or not negligent.

II. Payment

A. The Patient shall pay to OBP a Preservation Fee in consideration of the efforts of OBP to preserve the Patient's brain. The fees are posted on the website and may change from time to time.

B. The Patient may provide funding in excess of the minimum required Preservation Fee (the "Surplus"). The Surplus may be sufficient to pay for Standby or for alternate transportation of the body to OBP. In that case, OBP shall assume responsibility for paying for those services, within the limits of the available personnel and financial resources, as determined in OBP's sole good faith judgment. If the Surplus is not sufficient to pay the described expenses, OBP shall have no duty to make payment for those expenses.

C. OBP may increase the Preservation Fee and any figures for liquidated damages referred to herein, to reflect any actual or probable increases in the cost of preservation, whenever OBP in its sole good faith judgement determines that such an increase is necessary. Such increase will be posted on the company website.

D. This Agreement is not, and shall bear none of the incidents of, a trust. Neither the Patient nor any of his/her heirs, successors, assigns, estate, or agents shall possess any equitable interest in the Preservation Fee after the payment thereof to OBP, or in any of the proceeds of OBP's investment thereof, and OBP shall owe no fiduciary duty to the Patient, or to his/her heirs, successors, assigns, estate, or agents, in respect of this Agreement.

E. The parties agree that the Patient may make payments to OBP, to be applied to the Patient's Preservation Fee, in advance of the Patient's legal death. Prepayments do not generate interest for the Patient. To the extent that part of the Preservation Fee has been paid in advance, the Patient shall be deemed to have complied with the requirements of payment. If the Patient terminates this Agreement, the payments made by the Patient in respect of the Preservation Fee shall be refunded to the Patient, less an amount equal to the sums expended by OBP in reliance on this Agreement. If the Patient has not yet required any services or procedures, then a full refund can be provided. No paperwork administration fees are charged. Refunds can take up to 30 days to process.

F. The Patient's full and complete performance of his/her duties under this section shall be a condition precedent to OBP's performance of its duties under this Agreement. The Patient's obligation to make payment hereunder shall be independent of the payment or failure to make payment by any insurer or other third party.

III. Duties of the Patient

A. The Patient hereby makes, constitutes, and appoints OBP to the true and lawful attorney for the Patient, with the power and authority to determine the disposition of the Patient's body after legal death, but without power or authority over the Patient's financial assets. The power of attorney being granted by the Patient to OBP as herein above provided is a general power of attorney (exclusive of financial power of attorney) with an interest and shall survive the legal death or disability of the Patient.

B. This Agreement may not be cancelled by another person on behalf of the Patient, whether or not such person otherwise has authority to act on the part of the Patient. In the case of any such attempted cancellation, the Patient agrees to remain bound by this Agreement.

C. The Patient shall keep OBP updated with any changes to address, phone, or other contact information.

D. The Patient shall provide OBP with all available medical information and shall keep that information updated. The Patient shall inform OBP of any serious illness, accident, or hospitalization.

E. The Patient shall execute any further documents as may assist preservation.

F. "Related Individuals" refer collectively to relatives, heirs, next of kin, executor, legal representative, physician, attorney, and other person's with authority over disposition of the Patient's body or over the Patient's estate. The Patient shall make his/her best efforts to attempt to enlist the cooperation of these Related Individuals. This cooperation shall include, but not be limited to the following:

1. Notification of OBP regarding death or impending death.
2. Persuade medical authorities to release the body immediately to OBP.
3. Sign consents, release forms, death certificates, and other required documents.
4. Not interfere in any way with the preservation procedures.

Any failure by the Related Individuals to perform these duties shall relieve OBP of its duty to preserve the Patient.

IV. Contingencies

A. If at any time the funds possessed by OBP do not permit continued preservation, OBP shall pursue alternative methods of preservation using its best judgement. Alternative methods may include, but are not limited to, removal of tissue, storage at higher temperatures, chemical preservation, or transfer to an alternate organization. At such time that OBP determines in its best good faith judgement that the Patient's continued preservation is certainly futile, by reason of lack of funds or otherwise, the Patient's preservation shall cease, and the Patient's remains shall be disposed of by burial or cremation. OBP shall not be liable for such termination of the Patient's preservation, provided that OBP shall have performed its obligations under this Agreement.

B. If, in the best good faith judgement of OBP, the preservation of the Patient is impractical because of legal problems, interference by Related Individuals, medical, judicial or administrative authorities, or otherwise, OBP may pursue any alternative method of preservation, may fail to commence preservation, or may cease preservation. The Patient's body may be disposed of by burial or cremation, and OBP shall not be liable therefor.

C. If OBP does not preserve the Patient, OBP shall be entitled only to compensation for costs incurred. The remaining portion to which OBP is not entitled shall be returned to the next of kin unless otherwise specified by the Patient.

V. Warranties

OBP does not expressly warrant the quality of its efforts under this Agreement, and disclaims and excludes all warranties, express or implied, including all warranties of merchantability or fitness, except that OBP promises to use its best efforts to perform its obligations under this Agreement, as limited by the terms hereof. The warranties excluded and disclaimed hereunder include, by way of example and not limitation, the following:

A. OBP does not warrant that the Patient's preservation shall be successful; in particular, OBP does not warrant or represent that the Patient can or shall ever be revived or rehabilitated, that the cause of the Patient's death can be reversed, that future social institutions will permit the Patient's revival, or that the methods used to preserve the Patient will or can be successful. All of these prospects are completely uncertain, and OBP and the Patient have entered into this Agreement with full knowledge of this uncertainty.

B. Because of the difficulty in evaluating methods of preservation and storage, OBP does not warrant that the method of preservation used with regard to the Patient shall be the most advanced or the most effective method available. OBP shall not be obligated to use any particular method of preservation, notwithstanding the judgements of any practitioners or commentators as to the superiority of any particular method.

C. OBP does not warrant that it shall treat the Patient with the aid of the most advanced equipment or the most highly trained personnel, but OBP shall use the best personnel and equipment whose use is economically practical and which are reasonably available to OBP under the circumstances, as determined in OBP's best good faith judgement.

D. OBP does not warrant that the Patient's preservation is legally valid or will be unimpeded by legal process.

E. OBP does not warrant or represent that the amount of the Preservation Fee shall be adequate to pay for the Patient's ongoing storage. The Patient acknowledges that the cost of ongoing storage remains unknown, and the calculation of the Preservation Fee represents only the best estimate by OBP of the probable cost of storage.

F. OBP does not warrant that its investment of the Preservation Fee will be sufficient to permit a return on investment equal to the amount of the Patient's maintenance expenses, or that the investment shall otherwise be adequate. The personnel of OBP are not financial experts, and OBP shall not be liable for any good faith errors in business judgment in making such investments, whether negligent or otherwise.

VI. Representations of the Patient

The Patient represents that he/she:

A. Understands that preservation is an unknown, untested process, and that no adult human being or other vertebrate has ever been successfully preserved and revived. The success of preservation depends on future advances in science and technology and the probability of success is completely unknown.

B. Understands the following scientific issues:

1. Preservation of neural tissue has been performed in a lab setting which shows excellent preservation, but this does not always translate to good preservation in clinical settings.
2. Current law does not allow procedures to begin until after death is pronounced. The dying process itself can be very damaging.
3. There are damaging delays immediately after death due to hospital rules, paperwork, coroner interference, relative interference, and many other factors.
4. There is damage during any transportation, during surgical prep, and during the procedure itself.
5. Protective chemicals are frequently prevented from reaching the tissue in a timely manner. So, instead of the intended preservation, the result can be necrosis or ice crystal formation, and obliteration of structural information.
6. Preservation must be completed quickly. This rarely happens except in the very best local cases in Salem with full equipment and many skilled personnel. In most cases, there will be areas of poor preservation.
7. In any remote case, due to the long transport times involved, preservation will be very low quality and will probably not preserve many memories. The chance of successful revival in these situations, however far in the future, may be very low.
8. OBP will still accept cases with a poor prognosis as long as the Patient understands the above issues.

C. Understands that OBP is a nonprofit corporation with limited resources.

D. Has carefully read and understands the disclaimers of warranty contained in this Agreement.

E. Has carefully read and understands this Agreement, and has had an opportunity to consult with an attorney regarding the same.

F. Notwithstanding the foregoing, consents to the performance by OBP of the Patient's preservation pursuant to this Agreement, and the performance by OBP of its obligations under this Agreement, including its obligation to store the Patient according to OBP's sole judgement and in accordance with the terms of this Agreement.

VII. Release

The Patient agrees to release OBP and its officers, directors, employees, servants, delegees, and assignees from all liability, loss, claims, expenses, or damage (collectively referred to herein as "losses") resulting from, alleged to result from, or related to the execution or performance of this Agreement or any failures by OBP to perform any of its duties hereunder for any reason whatsoever (except that the provisions of the Remedies section below govern the liability of OBP for damages to the Patient for breach of this Agreement), provided that OBP shall use its best efforts to perform its obligations hereunder.

VIII. Remedies

A. Upon OBP's breach of this Agreement, since any damages resulting therefrom are uncertain and speculative (because of the uncertainty of preservation), and subject to the limitations of liability contained in this agreement, the Patient agrees that his/her recovery from OBP shall not exceed the Preservation Fee already paid to OBP, less the sum expended by OBP in the performance of the Agreement. Notwithstanding the foregoing OBP shall not be liable to pay any damages under any circumstances whatsoever where such payment will or may endanger the adequacy of the continuing preservation of other patients of OBP.

IX. Termination

A. The Patient may terminate this Agreement without cause, subject only to payment to OBP of the sums expended by OBP in reliance on this Agreement.

B. The Patient and OBP agree that any attempted termination of this Agreement by another person on behalf of the Patient shall not be effective, and the Patient shall be bound by this Agreement in the case of any such attempted termination by any person other than the Patient, whether or not such person has the general authority to act on behalf of the Patient.

X. Assignment

OBP may assign and/or delegate part or all of its rights and duties under the Agreement, but only if, after such assignment and/or delegation, OBP has substantial assurance that any delegee shall fully perform its obligations under this Agreement. OBP shall not be liable for the delegee's failures to perform its obligations to the Patient.

XI. Miscellaneous

A. Invalidity of any section of this Agreement shall void only that section, not the entire Agreement.

B. This agreement states the entire agreement of the parties hereto and is intended to be the final, complete, and exclusive statement of the terms thereof.

C. This Agreement is reasonably related to the state of Oregon, and the rights and obligations of the parties hereunder, and all performance hereunder, shall be governed by and construed in

accordance with the laws of the State of Oregon. Any action brought relating to this Agreement shall be brought in a state court in Marion County or a federal court of appropriate jurisdiction located in the State of Oregon.

D. Any modification or waiver of this agreement must be made in writing and signed by both parties. OBP's failure, in advance of the Patient's legal death, to declare a Patient in default under this Agreement after a breach thereof, shall not be a waiver of OBP's right to later declare such a default or to decline to preserve the Patient upon his/her legal death as a result of such default.

E. This Agreement shall bind the parties hereto and their agents, successors, and assigns, including the Patient's estate and the executor thereof.

F. The headings in this Agreement are for purposes of reference only, and shall not limit or otherwise affect the meaning of this Agreement.

G. Whenever the singular number shall appear here, the same shall include the plural, and the neuter, masculine, and feminine forms shall include each other.

H. This Agreement is executed in counterparts, each of which shall be deemed an original, and all of such counterparts, taken together, shall be deemed an agreement.

I. Any notices required by the terms of this Agreement shall be made to the parties hereto at the following addresses (or such other address as a party shall later indicate):

To OBP:
Oregon Brain Preservation
3265 Marietta St SE
Salem, OR 97317

To the Patient:

XII. Signatures

Signature of Patient: _____

Date: _____

Signature of Jordan Sparks,
Executive Director of OBP: _____

Date _____

Emergency Contact Information & Information Sharing Authorization

Primary Contact for Preservation Matters (Optional)

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address (Optional): _____

Authorization for Information Sharing with Emergency Contacts (Optional)

☐ I authorize Oregon Brain Preservation to discuss all aspects of the preservation, including but not limited to medical information (e.g., diagnostic records, treatment information), preservation status, and procedural details with the contacts listed above.

Authorization for Information Sharing with Healthcare Providers (Optional)

☐ I authorize my healthcare providers to share health information (e.g., diagnostic records, treatment information) with Oregon Brain Preservation for the purpose of ensuring preservation is high-quality.

Informed Consent for Information Sharing

☐ I understand this authorization (1) Can be revoked at any time in writing, (2) Is voluntary and not required for preservation, payment, or enrollment, (3) Allows the people who receive this information to potentially share it with others, and (4) Expires upon legal death and completion of preservation. I have a right to receive a copy of this authorization.

Limitations or Comments on Information Sharing (Optional, if any):

Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Death Investigation Instructions (Optional)

Some legal deaths may fall under the jurisdiction of the medical examiner or coroner and lead to investigation. This page is to help our organization and any other advocates you may have, such as your family members, clearly explain to the medical examiner or coroner what your preferences are in this case. Please note that while we will make every effort to honor these preferences, final authority may rest with the medical examiner or coroner in accordance with state law.

Default Policy Statement

By default, Oregon Brain Preservation (OBP) will advocate for the immediate preservation of brain tissue following legal death pronouncement, even in cases requiring death investigation. This aligns with scientific evidence that any delay compromises structural preservation quality.

Under this default policy, OBP will cooperate with death investigators while prioritizing rapid, high-quality preservation of the brain. To the maximal extent possible, OBP will advocate for the brain tissue to not be damaged in any way, including the shortest delay possible before preservation can begin. Any findings and documentation regarding the procedure will be maintained and shared with investigating authorities if requested. Non-brain tissues will be made available for death investigation if needed.

Instructions for Death Investigation

Please select **one** option:

- ☐ I fully endorse and request the default policy described above. This is necessary to uphold my deeply held, informed personal beliefs about brain preservation and the potential for future revival.
- ☐ In cases where criminal activity is suspected, I request that death investigation take priority over immediate preservation.
- ☐ I request to modify the default policy in other ways: _____

Religious Views (Optional):

- ☐ I also hold religious views that reinforce my request for immediate preservation without interference.

In full awareness of the scientific evidence regarding brain tissue degradation after legal death, and having carefully considered all risks and benefits, I affirm that these instructions represent my genuine, considered, and autonomous wishes regarding death investigation procedures. I direct OBP and any other advocates to vigorously pursue these instructions to protect my deeply held beliefs and the possibility of future revival. I make these instructions while of sound mind, without coercion, and with full understanding that while medical examiners or coroners may have legal authority, they have discretion in how they exercise that authority. I request that they exercise this discretion in a manner that respects body autonomy and sincerely held beliefs regarding the preservation of brain tissue.

Print Name: _____ Signature: _____ Date: _____

Potential Revival Technology Preferences (Optional)

Some people have specific preferences about the conditions under which they would want revival attempted, or what type of revival they would prefer, if such technologies ever become feasible and humane. While future technologies may differ dramatically from current predictions, we offer you the (completely optional, non-required) opportunity to express your preferences here. You can also email us this information now or in the future.

Feedback Section (Optional)

Do you have any feedback for our organization, including about the enrollment process?

Our Thanks

On behalf of the entire team at Oregon Brain Preservation, we extend our sincere gratitude for your decision to participate in our preservation program.

Your choice helps support the development of brain preservation techniques and helps show others that this research deserves serious scientific consideration. We deeply respect your courageous and forward-thinking decision.

We appreciate the trust you have placed in our organization and will endeavor to honor that trust by maintaining the highest standards of care that we can achieve in fulfilling our agreement.

With gratitude,

Oregon Brain Preservation

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