

Amara

MUTUAL CONSENT FORM

Search, Reunion & Correspondence Program

Adoptees, Birth Parents, and other Birth family members and Adoptive family members can complete the form below in order to voluntarily give consent to Amara to disclose information to the listed "RECIPIENT" so they may be in contact. Amara must receive a form from both parties in order to establish mutually consented contact.

Applicant Information

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone:

() _____

Email: _____

My relation to the adoption (ex. Adoptee, birthparent, birth relative, etc.): _____

Please share my information with (hereto after referred as "RECIPIENT"): _____

Relation to Applicant: _____

Release of Information

Specify what information and/or records Amara is authorized to share with "RECIPIENT":

- ┆ Identifying information (full name, DOB, telephone number, email address, etc.)
- ┆ Non-identifying information (first name, race/ethnicity, physical characteristics, etc.)
- ┆ Specific information (Please list):

Statement of Understanding

1. **No Representation or Guarantees.** I realize that the Recipient may or may not choose to have personal contact with me. Amara has made no representations or guarantees to me in this regard. I understand that Amara has not and will not undertake a search on my behalf for the Recipient, nor initiate any contact on my behalf without my consent. This Waiver and Consent is provided in the

Amara 5907 Martin Luther King Jr. Way South, Seattle WA 98118

event that the Recipient independently consents to contact me.

2. Release and Hold Harmless. I hereby forever release and hold harmless Amara, its agents and employees from any and all claims, lawsuits and liabilities, known or unknown, whether sounding in tort, contract, at law or equity, or based on any statute or regulation which may in any way flow or arise from any action on its/their part in providing identifying information to the Recipient or his/her representative(s).
3. Voluntariness. I recognize and acknowledge that Amara has made no promises, threats nor inducements of any kind to me in order to secure this Waiver, Consent and Hold Harmless Agreement. I give this Waiver, Consent and Hold Harmless Agreement freely and voluntarily, with full knowledge and understanding of its effect. Any counseling or other services which I may obtain from Amara are separate from and not a part of this Agreement and form no basis for it.
4. Revocation. This Waiver, Consent and Hold Harmless Agreement can only be revoked by execution of a written revocation delivered to Amara at its offices at 5907 Martin Luther King Junior Way South Seattle, WA 98118.
5. Non-Disclosure and Indemnification. I understand that Amara does not recommend that I disclose any identifying information to the Recipient concerning any individuals other than myself. Identifying information includes, but is not limited to name, nickname, address, telephone number(s) and profession. Should any claim or lawsuit be made or filed against Amara as a result of information disclosed by me concerning other individuals, I agree to pay for and to be responsible for any and all costs and expenses which Amara, its agents or employees may incur, including, but not limited to judgments, settlements, attorney's fees and/or costs of litigation.
6. Opportunity for Independent Advice. I have read or had read to me this Agreement and I have had the opportunity to obtain independent advice before signing it. I understand its contents.

GOVERNMENT ISSUED IDENTIFICATION

Please include a copy of a government issued photo identification.

SIGNATURE

Signature: _____ Date: _____