

Click for Web site

<http://www.youridentitysolutions.com>

**IDENTITY SOLUTIONS  
CONSENT AND INDEMNITY AGREEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

1. The undersigned, who is eighteen (18) years of age or older or the natural parent or legal guardian of the Test Subject named below, desires to have DNA parentage testing performed for the purpose of determining the natural parent of \_\_\_\_\_  
(Child's Name)
2. The undersigned consents to the withdrawal and submission of blood / tissue or buccal swab samples by the sample collector and understands that these samples will be submitted to an accredited DNA laboratory for genetic testing to determine parentage.
3. The Test Subject is under eighteen (18) years of age, the undersigned consents to the submission of blood / tissue or buccal swab samples from the Test Subject and understands these samples will be submitted to a DNA Laboratory for genetic testing to determine parentage.
4. The undersigned understands that the results of the testing will be issued to the undersigned or a legal representative unless further distribution is required by valid legal process or court order.
5. If the Test Subject is under eighteen (18) years, the undersigned warrants and represents that:
  - a. **I am a legal guardian or natural parent of the Test Subject on whose behalf I sign**
  - b. **My parental rights have not been terminated or limited by divorce, decree or Judgment of any court of competent jurisdiction.**
  - c. **I currently have sole or joint legal custody of the Test Subject.**
6. The undersigned agrees to indemnify, hold harmless, and defend Identity Solutions (ISI) the Laboratory, the Sample Collector, Phlebotomist and their respective servants, officers, agents and employees, of and from any and all claims, actions, costs, demands, damages, or liabilities, including all attorneys' fees, arising out of any allegation that the undersigned did not have the right or authority to consent to the taking and the submission of blood / tissue or buccal swab samples. Furthermore, the undersigned will, at no cost to ISI, the Laboratory or the sample collector supply all documentation that ISI the Laboratory may reasonably request, should any question arise concerning the undersigned's right, power or authority to consent to the taking of a DNA sample from the Test Subject, or to have the sample submitted for purposes of paternity testing.
7. ISI, the Laboratory and the sample collector have not been advised of any use intended for the results of the parentage testing nor of any actions contemplated to be taken based on the results of such test, nor of the identities of any person to whom the undersigned intends to distribute the results.

**Date Signed** \_\_\_\_\_

\_\_\_\_\_  
**Print Full Legal Name**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

**Phone number for above guardian** \_\_\_\_\_