

**Nichols Cryo-Genetics, Inc.**  
 11745 NE 112<sup>th</sup> St.  
 Maxwell, IA 50161  
 Telephone: (515) 967-5311

**RELEASE OF LIABILITY**

The following bull(s) is/are to have semen collected, processed and cryo-preserved by Nichols Cryo-Genetics, Inc. (NCG), and housed at its facility at the above address.

Breed	Bull Name	Registration #	Total # Units Domestic Requested	Total # Units Exportable Requested
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All necessary procedures and precautions will be implemented to obtain high quality semen with adequate sperm cell concentration and good progressive motility post-freeze. However, the collection, storage and eventual sale of such semen will be "as is" with no implied warranty attached to it except as to title.

It is mutually understood by the bull's owners and NCG and their respective employees to mutually release each other from any and all liability in the event of injury or death of the bull(s), damage to or defect in semen during its collection, storage, or transportation or equipment in the normal collection of semen from the above named bull(s), or from any injury sustained by NCG, or any of its employees while handling said bull(s). The bull(s) owner is responsible for insurance on their animal.

The bull(s) will be handled carefully and treated by a local qualified veterinarian in the event of any sickness or injury, at the owner's expense.

Payment is due upon receipt of invoice. In the case of nonpayment of an obligation within 90 days of when it is due, NCG reserves the right to merchandise or dispose of collateral (i.e., bull, semen) to satisfy the obligations in default and apply proceeds against obligation. In the case of default, NCG reserves the right to dispose of collateral as deemed necessary and the owner or designated representative relinquishes all rights and privileges associated with the collateral.

Owner/Farm Name (Printed) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

\_\_\_\_\_  
 Owner or designated representative Date

**Nichols Cryo-Genetics, Inc.**

By \_\_\_\_\_ Date