REMOTE AREA MEDICAL, INC

RELEASE, WAIVER, ASSUMPTION OF RISK and INDEMNIFICATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereafter referred to as “Releasee,” hereby acknowledge and agree to the terms and conditions set out in this Release, Waiver, Assumption of Risk and Indemnification (hereafter “Release”) as a condition to (check one) \_\_\_\_\_my \_\_\_\_\_ my minor child’s, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participation in (name of program sponsor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ events (hereafter “the Program”) at the Landing at River’s Edge located in Blaine, Grainger County, Tennessee. This Release is provided by Releasee to Remote Area Medical, Inc. (hereafter “RAM), its officers, volunteers, directors, agents, employees and insurers.

Releasee acknowledges and understands that there are risks associated with participation in the Program which will involve various activities potentially including, but not limited to, hands-on activities, team building exercises, positive interaction with military and ex-military personnel, as well as other activities. Releasee voluntarily assumes all risks associated with all aspects of attendance at and participation in the Program and the events related thereto whether on or off-site.

Releasee hereby releases RAM, all of its officers, volunteers, directors, agents, employees and insurers from any and all liability for, and waives all claims against RAM, all of its officers, volunteers, directors, agents, employees and insurers for, any and all injuries or damages that Releasee may sustain during the attendance of or participation in, or otherwise related to or resulting from, the Program, whether to the person or personal property, regardless of where the injury or damage takes place, on or off-site. This Release includes, but is not limited to, any workman’s compensation claims or medical related claims and/or any and all other claims which could be made or brought by myself and any/all third parties, including but not limited to those brought on Releasee’s behalf, including Releasee’s heirs, estate or assigns, or those that could be brought by Releasee on behalf of the above minor child or other third parties. Any injury or damages that Releasee may sustain will be Releasee’s responsibility but in any case will never be the responsibility of RAM and all of its officers, volunteers, directors, agents, employees and insurers.

Releasee also hereby indemnifies and agrees to defend RAM, all of its officers, volunteers, directors, agents, employees and insurers, for and against any and all third party claims, injuries, damages, and/or liability that may arise or result from Releasee’s attendance at or participation in the Program, whether by negligent or intentional act or omission or any other cause of action. Releasee acknowledges and agrees that Releasee shall pay any and all costs associated with defense of RAM and all of its officers, volunteers, directors, agents, employees and insurers, should any such person or entity be required to defend any action for enforcement of this Release or any claims arising or related to Releasee’s or the above referenced minor child’s attendance or participation in the Program, including all court costs and attorney fees.

RAM or any of its officers, volunteers, directors, agents, employees and insurers shall be entitled to, and Releasee agrees to pay all costs and attorney fees related to any action required to enforce this Release or the terms hereof.

Releasee also hereby acknowledges that Releasee has read and understands all the rules and regulations for the Program.

Releasee consents to having photographs and audio/video images taken of Releasee or the above referenced minor child while participating in the Program. Releasee also hereby consents to unlimited media use of said images without compensation, monetary or otherwise, by RAM.

Releasee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasee’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Releasee’s Physical Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_