

MEDICINE BOW TECHNOLOGIES RELEASE AND WAIVER
Employment Reference Release

Applicant's Name: _____
(Please Print)

Applicant's Social Security Number: _____

By signing this release, I am voluntarily authorizing my current and previous employers to provide reference requests to Medicine Bow Technologies, Inc. (MBT). I authorize all previous employers to disclose to MBT any job information, including my reason(s) for leaving.

I agree to release and discharge my current and previous employers for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of employment-related information to MBT. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between my current and previous employers and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 90 days from the date of my signature.

Signature

Date