Authorization for Release of Information and Release from Liability

To Whom It May Concern:

I, the undersigned, am the President and/or Chief Executive Officer of _____ _____ (SERVICE). The SERVICE has made application to the Genesee County Medical Control Authority (AUTHORITY) for permission to operate a

___ Basic Life Support Service

___ Limited Advanced Life Support Service

___ Advanced Life Support Service

within its jurisdiction.

In connection with that application the SERVICE authorizes you to release to the AUTHORITY any and all information requested by the AUTHORITY concerning the SERVICE as may have a bearing on the ability of SERVICE to provide the services sought to be authorized, including but not limited to: Service's professional qualifications, licensure, disciplines and/or citations; past performance in delivering any emergency medical services; reliability and confidence in providing emergency medical services; ethical and character issues; inspection and photocopying of any relevant records; and Service's relationships with other such providers of emergency medical services and health care providers.

SERVICE hereby releases and holds harmless all persons and entities making a good faith disclosure hereunder, as well as the AUTHORITY (and its staff and agents) in its use of this information in connection with said application.

A photo static or facsimile copy of this release shall be considered as an original document and shall be treated in an identical fashion as an original.

Dated: _____ By: _____

Applicant

_____

Witness