

**STFREE CERTIFICATIONS INC.
WAIVER AND IDEMNIFICATION**

I, _____, acknowledge that I may be providing to STFree Certifications, Inc. personal medical information that is protected under the Health Insurance Portability and Accountability Act (HIPAA) and patient privacy laws, and that this information is being provided to STfree Certifications, Inc. for dissemination to those parties who I may designate to receive it. STFree Certifications, Inc will assure that my personal information will remain confidential within the company itself, with only senior executives having access to my information; however, they cannot quarantine the confidentiality of any information I choose to release.

I understand and acknowledge that my personal medical information can be accessed only by someone outside STFree Certifications, Inc with my authorization, i.e., my giving them my access code, I am in control of, and responsible for, any release of my personal medical information, I hereby waive any and all causes of action, claims or damages, in law or equity, that I, my executors, administrators, heirs, successors or assigns may have against STFree Certifications, Inc., its successors, assigns, agents or employees for any release(s) of my personal medical information.

I further agree that I, my executors, administrators, heirs, successors or assigns will indemnify, save and hold harmless STFree Certifications, Inc. its successors, assigns, agents or employees, from any and all losses or claims in any actions or proceedings brought by any person, corporation, organization or governmental authority arising directly or indirectly from the release of my medical information or any other services provided by STFree Certifications, Inc. under the Membership Agreement between the Corporation and myself.

Sign:

Date: