

MEDICAL AUTHORIZATION

The undersigned hereby authorizes all healthcare providers to disclose and deliver to my employer On Demand, or its representatives, all medical information and records in your possession about my physical condition and treatment. I understand that On Demand without further authorization may re-disclose said information to its legal counsel, insurer's experts or agents. This authorization is effective for 24 (or\_\_\_\_\_) months after the date it is signed. A photocopy or exact reproduction of this signed authorization shall have the same force and effects as this original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

RELEASE OF ALL CLAIMS AGAINST CUSTOMERS

I am applying for temporary work assignments with On Demand. I understand that On Demand provides temporary workers for its customers site. In accepting any work assignment, I acknowledge that I am a temporary employee of On Demand and I am not an employee of On Demands customer.

If I am ever injured in the course of my work I agree that I will look only to On Demand' Workers' Compensation coverage and not to the customer for any recovery. For myself, and on behalf of my heirs, executor, personal representatives and assigns, I waive, release and forever discharge any claim that I may now have or that may later develop against any customer of On Demand which directly or indirectly arises out of any injuries which may occur to me while on a work assignment for On Demand.

In signing this release, I understand that I am no waiving or releasing any claims which I may have against the Worker's Compensation coverage provided by On Demand.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print Name

CERTIFICATION AND AGREEMENT

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be basis for termination. I hereby authorized On Demand to investigate my background and verify this information. I understand that if employed , my employment will not be for any fixed period of time and may be terminated by me or On Demand at anytime. I also authorize On Demand to release the information contained herein and its finding any work history of my employment to other firms or person on request. I also understand and agree that I may be expected to work on a wide variety of job assignments at various pay levels depending on the assignment in the Greater Kansas City Area and agree to accept assignments for which I am qualified as they become available.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant