

ACKNOWLEDGEMENT

I hereby acknowledge that I have been informed and understand that the Company's Policy and Procedure Manual, Bloodborne Pathogen Exposure Plan, Tuberculosis Control Program and Safety Manual are accessible on PSI's website: www.paramedicservices.com and remain the property of the Company.

I understand and agree that these Manuals supersede and replace any and all prior employee Manuals, as well as any and all other employment policies or procedures which were previously in effect at the Company and which are now addressed in this Manual.

I understand and acknowledge that employees working at a Department subject to a union collective bargaining agreement are governed by the terms and conditions outlined in the applicable collective bargaining agreement, and will be entitled to the specific negotiated benefits, compensation, and terms and conditions of employment.

I hereby acknowledge that it is my responsibility to read, understand, and follow the policies and procedures set forth by the Company, as a condition of my employment.

I understand and agree that the Manuals do not establish any contractual commitments between the Company and me. I further understand and agree that only the Company President has the authority to enter into any employment agreement for a specified period of time or to make any binding representations or agreements contrary to the preceding. I also understand, and agree, that no such representation or agreement will be binding upon the Company unless in writing, signed by both the Company's President and myself.

Employee's Signature

Print Employee Name

Company Representative Signature

Print Company Representative Name

Date