



Release for Potassium Iodide Administration in the Event of a Nuclear Emergency

I/We, _____ of Harwich, MA, in consideration of the receipt of potassium iodide (KI) dispensed by the Town of Harwich, the receipt of which is hereby acknowledged, and other good and valuable consideration, do hereby remise, release and forever discharge the Town of Harwich, its agents, departments, servants, employees, officers, directors, shareholders, successors, assigns and insurers (also hereinafter referred to as collectively as the "Fully Released Parties") of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contract agreements, damage and any and all claims and liabilities whatsoever of every name and nature, both in law and in equity, which against the fully released parties I/We ever had or now have or will have as a result of my taking the potassium iodide (KI) by the Town of Harwich.

I/We further agree on behalf of myself, my heirs, administrators and assigns to indemnify, defend and hold harmless the said Fully Released parties from any claim or cause of action of any type on my behalf arising out of use of potassium iodide (KI). I understand and all other pill recipients understand that all aforementioned release of liability applies to any and all KI pill recipients.

I have received a consumer package insert, which I will read and reference when personally taking KI and when administering or releasing KI to all other household receivers.

I/We am an adult, over the age of 18 years and am of sound mind. I/We have read this Release in its entirety and I/We understand the contents of this Release.

Total number of pills received: _____ **on (Date)** _____

SIGNATURE	PRINTED NAME	AGE
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ADDRESS (PLEASE PRINT)

OTHER HOUSEHOLD RECIPIENTS- (PLEASE PRINT)

NAME	AGE	NAME	AGE
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NAME

AGE

NAME

AGE

NAME

AGE

NAME

AGE