

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

Map _____ Parcel _____

I _____ of _____ Eastham MA, in
(print name) (print street)

consideration of the receipt of Potassium Iodide (KI) dispensed by the Town of Eastham, the receipt of which is hereby acknowledged, and other good and valuable consideration, do hereby remise, release and forever discharge the Town of Eastham, its agents, departments, servants, employees, officers, directors, shareholders, successors, assigns and insurers (also hereinafter referred to 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 ever had or now have or will have as a result of my taking the Potassium Iodide (KI) distributed by the Town of Eastham.

I 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 that all aforementioned release of liability applies to any and all KI pill recipients for which I am the signatory.

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 or parties for which I am the signatory. I am an adult, over the age of 18 years and am of sound mind. I have read this Release in its entirety and I understand the contents of this Release.

Total number of 130 mg KI pills received: _____ on (Date) _____

Signature of recipient

Name, age, and address of all household members (print):

Name

Age

Street Address
