## HOLD HARMLESS AGREEMENT

BE IT KNOWN TO ALL PERSONS BY THIS DOCUMENT THAT:
I,
I expressly acknowledge that I have read this Release before signing, and that I realize and understand that it applies to and covers all claims, demands, and causes of action, including those under Age Discrimination in Employment Act of 1967 (ADEA), against AFTE or Releasees or any of them, whether or not I know or suspect them to exist at the present time.
I further acknowledge that my execution of this Release is made voluntarily without coercion in any way.
This Release constitutes the entire understanding between myself and AFTE and cannot be modified except in writing signed by both myself and an official representative of AFTE.
I intend that this Release shall not be subject to any claim of fraud, duress, deception, or mistake of fact, and that it expresses a full and complete settlement of any claims whatsoever I ever had or may have against AFTE or any Releasee.
I will not file any complaint, suit, claim or charge against AFTE or any Releasee with any local, state or federal agency or court. If any agency or court assumes jurisdiction of any complaint, suit, claim or charge against AFTE or any Releasee on my behalf, I will request such agency or court to dismiss the matter.
I understand this Release is contractual and based on my representation that I will comply with the terms set forth herein. Should I breach any of the terms of this Release, I shall repay to AFTE all sums paid to me hereunder, plus reasonable attorneys' fees incurred in connection with the enforcement of the terms of this Release, in addition to any other damages caused by my breach of any of the terms of this Release. Nothing herein shall be construed to limit any other remedies AFTE or Releasees may have under law or in equity.
I, intending to be legally bound, hereby apply my signature voluntarily with full understanding of the contents of this Release.
Attendee Name
Attendee Signature
Witness