

ASSIGNED EMPLOYEE NOTICE & ACKNOWLEDGMENTS

Medic Air Systems, Inc. (Company) is the organization for which you perform services and under which you will be paid for work you perform for and under the direction of the Company for those services. I have been made aware of the Company's ninety (90) day probation period. I further understand that during this time the Company will observe may work to validate that the qualifications I represented on my application are substantiated. If, however, the Company finds my qualification not acceptable during this ninety (90) day probation period, I understand that they may choose not to continue to engage me as an employee. No modification to this page as originally written will be effective.

Illegal discrimination and harassment in employment based on age, race, sex (including sexual harassment), national origin, ethnicity, disability, disabled veteran status, religious or comparable moral belief, union affiliation, or any other legally protected status is prohibited. If I have a disability that impairs my ability to perform the essential functions of my job I may request reasonable accommodations from Company. I cannot be retaliated against for invoking my rights under the law or opposing illegal discrimination and harassment, underpayment of wages, legally-mandated leave and related rights, or any other matter protected by anti-retaliation or "whistle blower" laws.

I will immediately report any illegal discrimination, harassment, retaliation, failure to grant legally-mandated leave (such as FMLA or military leave) and rights in connection with such leave, or error in payment of wages or benefits by or against anyone in my workplace as provided by Company policy (or, in the absence of such a policy, to the Human Resource department. I understand that there is never a valid reason not to report such matters. If I do not promptly report a disagreement with the amount of pay I received, Company may assume that I received the correct amount of pay. I am required to cooperate in investigations of complaints by Company.

I agree that: Any dispute involving the Company or any benefit plan, insurer, employee, officer, or director of Company (all of which are Beneficiaries of these Acknowledgements), arising from or relating to my employment, application for employment, or termination from employment will be resolved exclusively through binding arbitration before a neutral arbitrator in closest large city of the state in which I work or another mutually agreed location (Company may appear by phone); The Arbitrator may grant the same remedies that would be available in a court of law (and no more), and will use the same rules of evidence as a federal court: Unless prohibited by law, costs of arbitration will be shared equally by the parties; If applicable law requires provisions in an arbitration agreement which are different from what is included here, they will be deemed incorporated to the minimum extent required. Disputes will be resolved solely upon applicable law, evidence adduced, and defenses raised, and no other basis, and the arbitrator may grant summary disposition or disposition on the pleading: The arbitrator will render a reasoned written decision. In addition: I WAIVE ANY RIGHT TO A JURY TRIAL, and I agree to participate in any legal dispute with any Beneficiary only in my individual capacity, not as a member or representative of a class or part of a class action. I understand that nothing herein impairs my right to engage in collective action under Section 7 of the National Labor Relations Act and I am not prohibited from complaining to government agencies or cooperating with their investigations. My agreements to arbitrate, waive jury trials, and participate only in my individual capacity are contracts under the Federal Arbitration Act and any other laws validating such agreements and waivers. No failure to strictly enforce these agreements will constitute a waiver or create any future waivers, and no-one other than counsel may waive this agreement for Company. If any part is unenforceable, the rest will still be enforceable.

I have received or been given access to the Company Employee Handbook and understand that it contains important information about Company's general personnel policies and about my privileges and obligations as an employee. I acknowledge that I am expected to read, understand, and adhere to Company policies and to familiarize myself with the material in the Handbook, and that Company may change, rescind, delete, or add to any policies, benefits, and practices described in the Handbook from time to time, at its sole and absolute discretion, with or without prior

notice. Company will advise employees of material changes within a reasonable time. I understand that revised information may supersede, modify, or eliminate existing policies, benefits, and practices and that only the President of the Company has the ability to adopt any revisions to the policies in the Handbook. Neither this Acknowledgement nor the Handbook is a contract of employment; my relationship with Company is at will. Company can alter, discontinue, and interpret the Handbook at any time without notice or consideration.

If I am injured on the job, even if the injury is minor or I don't want treatment, I must immediately report it to my supervisor and take a post accident drug/alcohol test at a facility approved by the Company unless prohibited by applicable law. I will be working at a drug free workplace and may be subject to additional testing such as random or reasonable suspicion testing. Refusal to take a drug/alcohol test can result in immediate termination of employment. Being under the influence or in possession of alcohol or illegal controlled substances, being in an unsafe condition, or violating safety standards on the job may result in immediate termination of employment.

If I am eligible for any benefits it is my responsibility (and the responsibility of any family members/dependents who wish to participate) to timely submit all required forms and information.

I may request a copy of these Acknowledgements for my records, and I have read them (or had them read to me) and agree.

Signature

Printed Name

Date