

**CONSENT AND AUTHORIZATION & INDEMNIFICATION  
TO RELEASE EMPLOYMENT INFORMATION**

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**TO:** WINDSOR CASINO LIMITED ("WCL")

**RE: EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE NUMBER:** \_\_\_\_\_

I, the undersigned, hereby consent to and authorize the release, by WCL, of employee information and/or reports pertaining specifically to me, relating to the matter in issue and possessed by WCL (hereinafter referred to as the "employee information"). The specific information to be disclosed includes:

PLEASE SEE THE ATTACHED SUBPOENA OR LETTER REQUEST

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**The requested information's intended use is as follows:**

LEGAL - FOR DISCOVERY BEFORE TRIAL

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**I specifically authorize WCL to release the said employee information to:**

RECORDS DEPOSITION SERVICE, INC.

P.O. BOX 5054, SOUTHFIELD, MI 48086-5054

P: 248-357-3330 F: 248-357-3337 E-MAIL: REQUESTS@RECDEP.COM

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**(Name, Address & Brief Description of Recipient)**

I further agree that in consideration of the release of the said employee information, I will forever release and hold harmless WCL, its parent, subsidiaries, assigns, officers, directors, employees and agents, from any and all claims, both in law and in equity, which may result from the release of the said employee information. This indemnity will survive the expiry of the Consent.

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

NOTE: You are advised to consult with a lawyer before signing this form.