

CONSENT AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO: WINDSOR CASINO LIMITED ("WCL")

RE: EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

I, the undersigned, hereby consent to and authorize the release by WCL, of all relevant medical information pertaining to specific examinations, tests, diagnoses or problems which is in the possession of WCL. Without limiting the generality of the foregoing, the specific information to be disclosed includes:

PLEASE SEE THE ATTACHED SUBPOENA OR LETTER REQUEST

The intended use of the requested information is as follows:

LEGAL - FOR DISCOVERY BEFORE TRIAL

By my signature hereto, I specifically authorize the Medical Consultant to release the said documentation 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

(Name, Address & Brief Description of Recipient)

I further agree that in consideration of the release of the said personal medical information, I will forever release and hold harmless WCL, Caesars Entertainment Windsor Limited, and their respective directors, officers, successors, assigns and employees, including, but not limited to, all current or future members or associates of WCL, from all claims, both in law and in equity, which I may have as a result of the release of the said medical information and report. This indemnity will survive the expiry of the Consent. I also undertake to pay the reasonable administrative and photocopying charges for providing this documentation.

DATE: _____

SIGNED: _____

WITNESS: _____

PRINT NAME: _____