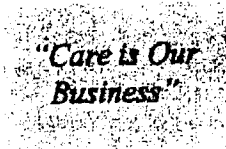


PARK RIDGE CARE CENTER

1250 NE 145TH STREET
SHORELINE, WA 98155
PHONE: (206) 363-5856
FAX: (206) 365-0568



Reference Release Form

I, _____ ("Prospective Employee" - please print), hereby give my consent to _____ ("Prior Employer"), its employees, agents and representatives, to respond to any reference requests and provide information and opinions regarding myself, my employment and any other matter relating to me, regardless of the motivation for or content of such opinions and information, regardless of whether I agree with Prior Employer. I hereby waive any and all claims, known or unknown, and release Prior Employer and all individuals involved from any claims or liabilities, which relate to or arise out of such responses to reference requests. This consent and release is not dependent upon any prior understanding, statement or agreement, and is unconditional. If I ever file a lawsuit based upon such responses to reference requests, I agree to pay all costs and attorney fees incurred by any defendant in responding to or defending such lawsuit.

Prospective Employee Signature

Date

Prospective Employee Name (please print)