CORPORATE DECLARATION AND CONSENT (Full-time)

Name of Corporation

agrees to be bound by the "Full-time SEAMO physician declaration and consent" signed by Name of Physician for the Agreement to establish Alternative Funding Dated as of April 1, 2005 as may be amended from time to time.

DATED at Kingston, Ontario, this day of , .

Name of Corporation

Signature of the Officer of the Corporation:_____

Name of the Officer of the Corporation: _____

(Please Print)