

PARTNERS IN HEALTHCARE OF VIRGINIA, LLC
INDIVIDUAL NETWORKING AGREEMENT

1. I understand that in return for the payment of a fee and the execution of this agreement, I will be entitled to participate in *Partners in Healthcare*'s business networking organization, under the terms found herein. I agree to abide by the principles of *Partners in Healthcare* as outlined in its Purpose, Core Values and Mission Statement. I agree to follow the rules, regulations and policies of each healthcare facility and hospital that I will visit as a marketing representative. I will act in a professional and ethical manner which provides a positive image for the industry. I will share responsibilities for scheduling luncheons and health fairs on a rotational basis.

2. I have been provided with a copy of *Partners in Healthcare*'s Policies and Procedures. I agree to abide by the Policies and Procedures as currently in effect or as may be revised in the future. I realize that failure to do so may result in restrictions or limitations upon my use of *Partners in Healthcare*'s services and/or the termination of this agreement. I understand that *Partners in Healthcare* is an LLC organized, in part, to provide the services set forth in its Purpose. I acknowledge and understand that neither the fee nor this agreement entitle me to any ownership interest or other such right(s) in or to *Partners in Healthcare*.

3. I agree that I will hold *Partners in Healthcare* and its agents harmless for any and all actions, causes of action and claims that may arise as a result of my use of *Partners in Healthcare*'s services or my involvement with the organization. I further specifically acknowledge and agree that I will not hold *Partners in Healthcare* or its agents liable for the failure to generate business activity or revenue, or for any damage or injury resulting from any act or omission of *Partners in Healthcare* or its agents.

4. This agreement shall be in effect for one year and must be renewed at that time; however, so long as I am availing myself of services offered by *Partners in Healthcare*, *Partners in Healthcare* may extend this agreement beyond the initial term to cover such activities. Further the provisions of paragraph No. 3 shall survive the termination of this agreement.

(signature)

Date

(printed name)