



THE GOVERNMENT OF MANITOBA

Manitoba Health

Acknowledgment and Agreement

I, _____, have applied in writing for financial assistance in the amount of
(print or type name in full)
\$10,000.00 (in Canadian Funds) to the Manitoba Hepatitis C Assistance Program ("Program") of Manitoba Health.

I UNDERSTAND that it is a requirement of the Program that before any financial assistance is paid to any eligible individual (whose application for financial assistance has been approved under the Program) that he/she must duly execute a form of Acknowledgment and Agreement and provide same to the Program administrator;

I ALSO understand that any payment by Her Majesty the Queen in Right of Manitoba (hereinafter referred to as "Manitoba") of the said \$10,000.00 will be made on a purely compassionate basis, without any admission of liability;

THEREFORE I HEREBY ACKNOWLEDGE AND AGREE that in the event that any legal action or proceeding is taken by me or on my behalf and if any judgment or settlement is obtained against Manitoba, including her Ministers, employees, agents or any other persons for whom Manitoba is at law responsible, that the amount to be paid by Manitoba pursuant to such judgment or settlement, shall be reduced by the full amount of \$10,000.00.

IT IS FURTHER ACKNOWLEDGED AND AGREED BY ME that Manitoba's payment of the said \$10,000.00 is deemed to be no admission whatsoever of any liability on the part of Manitoba, including her Ministers, employees, agents and any other persons for whom Manitoba is at law responsible.

I HEREBY DECLARE AND ACKNOWLEDGE that I fully understand the terms of this Agreement, that the said \$10,000.00 is the entire consideration for the purposes of this Agreement, and that I voluntarily accept the sum of \$10,000.00 for the purpose of making a partial settlement of any claim, whether now or in the future, that I may have against Manitoba, including her Ministers, employees, agents and any other persons for whom Manitoba is at law responsible, for any injuries, losses and damages alleged to be resulting or which may be said to result from my having been infected with post-transfusion Hepatitis C Virus (HCV).

THIS ACKNOWLEDGMENT AND AGREEMENT shall be governed by and interpreted in accordance with the laws of the Province of Manitoba.

IN WITNESS WHEREOF I HAVE EXECUTED THIS ACKNOWLEDGMENT AND AGREEMENT this _____ day
of _____, 2001.

IN THE PRESENCE OF:

Witness

Signature of Applicant

Address of Witness

Address of Applicant