

Open Health Tools Contributor Employer Consent Form

This document is to be completed by the employer of any individual seeking Contributor status for an Open Health Tools project.

Your employee or contractor _____ (“Employee”) has requested that they be granted Contributor status on a Project at Open Health Tools. Open Health Tools wishes to ensure that this is being done with your (“Employer”) knowledge and consent.

By signing below, you approve your Employee’s participation in all Open Health Tools Projects generally.

As a result of the Employee’s Contributor status, Employee will be contributing Content to the Project under the terms of the Eclipse Public License (“EPL”, <http://www.eclipse.org/org/documents/epl-v10.php>), as provided by the Open Health Tools Terms of Use.

By signing below, you agree that your Employee’s current and future contributions to Open Health Tools, whether such contributions are owned by the Employer or Employee, will be provided under the terms of the EPL.

By signing below, you are warranting to Open Health Tools that you have the authority to provide this consent on behalf of the Employer.

Signature: _____

Name: _____

Title: _____

Full Legal Name of Company: _____

Email address: _____

Date: _____

Address: _____

Telephone: _____

Please fax or mail this completed document to:
Open Health Tools .
PO Box 258
825C Merrimon Ave
Asheville NC 28804
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Fax +1 828-707-9508

Please direct any questions you have regarding this form to:
oh-t-mo@openhealthtools.org

