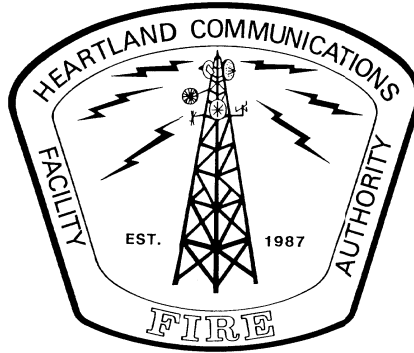


RELEASE AND WAIVER OF LIABILITY



In cooperation with the Heartland Communication Facility Authority in their investigation of the background of the prospective employees, I hereby request and authorize my references, previous employers and present employer to provide any information you may have concerning me including, but not limited to information of a confidential or negative nature. I hereby release all Parties from any liability for damages that may result from furnishing such information, as well as from the use of, or disclosure of such information by the Heartland Communications Facility Authority to its offices and agents. I understand that any information furnished to the Heartland Communications Facility Authority as a result of this request and authorization shall remain confidential and will be used solely to evaluate my prospective employment with the Heartland Communication Facility Authority.

Printed Name of Applicant

Applicant's Signature

Social Security Number

Date of Birth

Date Signed