



**Ontario Swine Health Advisory Board (OSHAB)  
Area Regional Control & Elimination (ARC&E)  
Service Provider Agreement**

I (name, company) \_\_\_\_\_, agree to participate in the OSHAB ARC&E project. I agree to share location information and site details regarding my business with the OSHAB project coordinator, project researchers and associated veterinarians (hereafter referred to as the Team). I understand that information from my site(s) will be available to other cooperating producers, veterinarians and service providers. I understand that the Team will be presenting the project at various meetings. Information obtained from these studies may be used to assess and report on the appearance and movement of designated diseases to the industry and to assist in the investigation of the routes of disease transmission. I also agree that the objective is to build trust and share information within the Ontario swine industry, with the goal of minimizing the transmission of designated diseases.

I agree to release the Team, OSHAB and OPIC directors, staff and committee members and Ontario Pork staff, directors and their county organizations from any and all claims I may have as a result of, or relating to, such analysis or the information obtained, PROVIDED that such release shall not apply with respect to any negligent or intentionally wrongful act or omission on their part.

I understand that I will have access to site information including disease status of the producers involved in the ARC&E projects and I agree to consider this information confidential for internal business use only. I agree to hold blameless other participants in this project (including but not limited to; producers, veterinarians, genetic suppliers, feed companies, truckers, fuel suppliers, dead stock removal companies, courier and delivery companies), from any and all claims I may have as a result of, or relating to the information obtained through participation in this project, PROVIDED that such release shall not apply with respect to any negligent or intentionally wrongful act or omission on the part of any input supplier.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Type

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address (fire #, street name, city and county e.g. #56789 21<sup>st</sup> Line, RR#2 Rostock, Perth County)

\_\_\_\_\_  
Company representative (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Premises ID Number if available

Please attach a list of sites as required