

Open Health Tools Committer Employer Consent Form

This document is to be completed by the employer of any individual seeking Committer status for an Open Health Tools project who is not covered under a Member Committer Agreement.

Your employee or contractor _____ (“Employee”) has requested that they be granted Committer 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.

Projects may move or change their name over time and your Employee’s project participation may vary over time. Therefore, we would like you to provide a general approval of your Employee’s participation in any Open Health Tools project.

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

As a result of the Employee’s Committer status, Employee will be committing Content to the Project under the terms of the Eclipse Public License <http://www.eclipse.org/org/documents/epl-v10.php>, as provided by the Open Health Tools Terms of Use. The Employee will also be required to execute an Open Health Tools Individual Committer Agreement which can be found at <http://www.openhealthtools.org/Documents/Form%20-%20Individual%20Committer%20Agreement.pdf>

By signing below, you agree that your Employee’s current and future contributions to Open Health Tools will be provided under the terms of the Open Health Tools Individual Committer Agreement. You further agree that 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 Eclipse Public License.

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:
Committer Records
Open Health Tools .
PO Box 258
825C Merrimon Ave
Asheville NC 28804
USA
Fax +1 828-707-9508
Please direct any questions you have regarding this form to:
oh-t-mo@openhealthtools.org

