

RELEASE AND WAIVER AGREEMENT

The undersigned hereby acknowledges as follows:

1. I am a member of the _____ Tribe, residing within the boundaries of the reservation and have been dispatched by the Tribal Employment Rights Office (TERO) to perform work on a project known as _____ on the reservation as an employee of Schellinger Construction Co., Inc.
2. That said contractor is signatory to a collective bargaining agreement with one or more of the following unions: Operating Engineers Local 400; Joint Council of Teamsters No. 2; Laborers Local 1686; of the Montana District Council Labors, which collective bargaining agreements require the Contractor to make fringe benefit contributions to all or some of the following Trust Funds: Operating Engineers Trust of Montana; Laborers – AGC Trust Funds of Montana; and the Montana Teamster – Contractors / Employers Trust Fund; Western Conference of Teamsters Pension Trust; for all hours worked by said contractor's Operating Engineer, Teamster, and Laborer employees, such as myself.
3. I understand that the purpose of such contributions is to provide health and welfare, medical, disability, life insurance, retirement, and training benefits from the above Trust Funds to eligible employees.
4. I am aware that TERO requires that I receive while I am working on said project on the reservation a dollar amount equal to the contributions required under the term of said collective bargaining agreement(s). Because of the requirements of TERO, I understand that said contractor is not obligated to and will not be making fringe benefit contributions to the Trust Funds on behalf of hours worked by me.

WHEREFORE, the undersigned does hereby release and waive any and all claims against the Trust Funds and Trustees of the above named Trust Funds for health and welfare, medical, disability, life insurance, retirement, or training benefits which the undersigned or his eligible dependent might have been or may be entitled to from said Trust Funds had the above named contractor make contributions to said Trust Funds based upon hours worked by me on the above noted project.

The undersigned represent and warrants that he has read this agreement, that the information is true and accurate, that he understands the contents and that no promises or representations were made to me by either the Trust Funds, the Union, or the Contractor as a condition for making this Release and Waiver.

Dated this _____ day of _____, 20_____.

Employee Signature

Witness

Printed Name

Enrolled Member Tribal ID #