

**INDEMNITY AUTHORIZATION**

Reference is made to the lease dated \_\_\_\_\_ (Lease), by and between \_\_\_\_\_ (Landlord) and \_\_\_\_\_ (Undersigned) for premises at, \_\_\_\_\_ (Premises) and the guaranty of Boston Medical Center Corporation (BMC), of certain obligations of the Undersigned under the Lease (Guaranty).

In consideration of BMC guarantying the payment of: (i) rent under the Lease and (ii) the cost of repair of any damage to the Premises caused by the Undersigned up to a maximum amount equal to the lesser of two months' rent under the Lease or \$6,500, the Undersigned will:

1. reimburse BMC all amounts paid or incurred by BMC on account of the Guaranty;
2. reimburse BMC all amounts paid or incurred (including without limitation reasonable attorneys' fees) by BMC to collect from the Undersigned under this Indemnity Authorization; and
3. defend, indemnify, and hold Boston Medical Center Corporation (BMC), harmless from and against any and all liability, loss, damages, claims, actions, proceedings, or expenses (including without limitation reasonable attorneys' fees) arising from the Guaranty, Lease, or this Indemnity Authorization.

The Undersigned acknowledges and agrees that BMC has the right to pay claims against the Guaranty in the sole and absolute discretion of BMC without consulting the Undersigned and without the Undersigned's consent and despite the Undersigned's objection and that he or she is responsible for dealing with Landlord and will remain liable to Landlord under the terms of the Lease. The Undersigned acknowledges and agrees that he or she is responsible for engaging counsel to represent themselves and for resolving any dispute with Landlord that may arise. By signing below, I, the Undersigned, indicate that I have read and agree to the terms listed above.

\_\_\_\_\_  
Signature of Undersigned      Date

\_\_\_\_\_  
Program Enrolled In

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Program Year