



REMOTE AREA MEDICAL
COVER SHEET

Date: 7/17/13
To: Nancy
Co. Name:
Fax#: 956-318-24~~2~~31
Pages
(including this page): 3

From: Ron Brewer
Fax #: 865-609-1876

Msg:

Signature for MOU.
Thanks
Ron.

STATE OF TEXAS

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COUNTY OF HIDALGO

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**MEMORANDUM OF AGREEMENT BETWEEN
REMOTE AREA MEDICAL FOUNDATION
AND THE COUNTY OF HIDALGO, TEXAS.**

This Memorandum of Agreement is made on this 17 day of July, 2013 by and between the County of Hidalgo, Texas, by and through its Department of Health and Human Services hereinafter referred to as "County" and the Remote Area Medical Foundation hereinafter referred to as "RAM" and in conjunction with Operation Lone Star to be held at the Pharr San Juan Alamo Independent School District, hereinafter referred to as "PSJAISD", site location.

PROVISIONS OF SERVICES

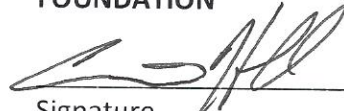
County and RAM in conjunction with Operation Lone Star desire to provide free expanded medical services to the residents of County for the health, safety and wellbeing of County residents.

Through this Agreement, the parties, in consideration of the mutual covenants expressed hereinafter, agree as follows:

1. RAM shall provide free expanded medical services to the residents of County at no cost to either the residents or County from July 29, 2013 through August 2, 2013.
2. County shall partially assist with providing a suitable facility for providing services mentioned above, onsite lodging accommodations, and subsistence in conjunction with the PSJAISD at PSJAISD site location for Operation Lone Star.
3. This Agreement is not intended to extend the liability of the Parties beyond that provided by law. Neither RAM or County waive, nor shall be deemed to have hereby waived any immunity or defense that would otherwise be available to it against claims arising from third parties.
4. RAM should have in place sufficient insurance to cover the general activities in which RAM shall be taking part pursuant to this Agreement. RAM agrees to provide evidence of such insurance to County upon request.
5. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, and obligations and undertakings of each of the parties to this Agreement shall be performable in Hidalgo County, Texas.

WITNESS THE HANDS OF THE PARTIES effective as of the day and year first written above.

REMOTE AREA MEDICAL
FOUNDATION


Signature 7-17-13
Date
Chris Hall Chief Operating Officer.
Name, Title

Attest:

Signature Date

Name, Title

COUNTY OF HIDALGO, TEXAS

Ramon Garcia, County Judge

ATTEST

Signature Date

Arturo Guajardo, Jr., County Clerk

APPROVED AS TO FORM:

Office of Criminal District Attorney
Rene Guerra

By: _____

Michael L. Garza
Assistant District Attorney