**FORM M**

**FORM OF WAIVER AND RELEASE RE: STIPEND**

**WORK PRODUCT TRANSFER OF RIGHTS AND RELEASE OF CLAIMS**

The undersigned certifies and agrees on behalf of Proposer, its Equity Members, its Major Participants, and all other members of the Proposer team, that:

[***NTD:*** Check ALL of the following boxes]

It has reviewed the provisions set forth in this Work Product Transfer of Rights and Release of Claims and expressly recognizes and agrees to be bound by the provisions set forth herein.

It (a) has received and agreed to an offer from INDOT for the payment of a stipend in an amount, under certain circumstances, and subject to the terms and conditions of the Stipend Agreement and the ITP in respect of the Safer Drive 65 Project and (b) is eligible to receive all or a portion of the total amount available for a stipend from INDOT for work product received by INDOT pursuant to the Stipend Agreement and the ITP.

It has reviewed the provisions set forth in this Work Product Transfer of Rights and Release of Claims and hereby, upon receipt of the amount of the stipend as prescribed under the Stipend Agreement and Section 6.3 of the ITP: (a) transfers all rights to its work product to INDOT; (b) waives all rights to protest the procurement of the Project; and (c) fully, unconditionally and irrevocably releases and waives all claims against INDOT arising out of or relating tothe use of the work product and the procurement of the Project.

Upon Proposer’s receipt of any stipend amount, and in consideration thereof, INDOT shall have all rights to the work product submitted by Proposer to INDOT during the procurement (including ATCs, concepts, ideas, technology, techniques, methods, processes, drawings, reports, plans and specifications) and any work product contained in its Proposal, if submitted, without any further compensation or consideration to Proposer. The foregoing rights of INDOT shall not apply to work product that is expressly required to be returned to Proposer under the RFP.

Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Signature:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_