

Instructions for Completing the License Agreement

This License Agreement is between your organization and MaineHealth. It gives your organization permission to use the A Matter of Balance © materials, train Lay Leader Coaches and offer A Matter of Balance programming. Please fill in the name of your organization in the blank spaces, not the name of the Master Trainer.

- 1. Do not edit, add or remove text from the License Agreement.
- 2. If you work for a federal or state government agency, please contact <u>MOBLICENSE@mainehealth.org</u> for a copy of our government License to be able to add applicable federal or state laws or statutes.
- 3. This License Agreement is <u>not</u> a training agreement. If you need an invoice, or training agreement please contact PFHA@mainehealth.org
- 4. Date: Enter the date that the signatory for your organization signed the License. The date on page 1 should match the date of your signatory on page 2.
- 5. The License Agreement needs to be signed and dated by a legally authorized signatory (someone legally authorized to act on behalf of the organization, i.e., CEO, President, Executive Director, etc.) on page 2.
- 6. Please list the names of all active Master Trainers at your organization including the names of individuals attending this training on page 3. You must fill out this License Agreement even if your organization had a License Agreement in the past. **
- 7. Keep a copy of this License Agreement for your records.
- 8. Return the completed and signed License Agreement to MOBLICENSE@mainehealth.org
- 9. License Agreements must be returned no later than 30 days before the start of the training.

^{**} If your organization is sending more than one person to the Master Trainer Session, only one License Agreement needs to be competed. It is not necessary to fill out a separate License Agreement for each person from the same organization.



License to Use A Matter of Balance/Lay Leader Model ©

THIS AGREEMENT is entered into this date	, by MaineHealth, a not-for-profit corporation incorporated in the
of Maine with a principal business at 110 Free Stree	et, Portland, Maine, 04101 and,
(Ourseinstian Nam	
(Organization Nam located at	е)
(Organization Addr	ress)
Whereas the MaineHealth holds title to training i	materials including a comprehensive facilitator manual entitled "A Matter of
Balance: Lay Leader Model" ("MOB"); and Whereas	,
desires to acquire the right to use MOB in order to,	among other things, train Lay Leaders to serve as MOB Coaches;
NOW, THEREFORE, in consideration of their mutual	premises and the mutual undertakings herein contained, the parties agree:
1. Grant of License: MaineHealth herebygrants to _	
the non-exclusive, non-transferable right to use	MOB in accordance with the Master Trainer Manual, Master Trainer Job
Description, MOB Coach Job Description, MOB Coach	ch Manual, and evaluation tool as they may reasonably be amended from time
to time by MaineHealth. Appropriate outcome me	asurement parameters for this program are the following: Falls Efficacy, Falls
Management, Falls Control, and Exercise Level. N	MaineHealth does not make any other assurances regarding other outcome
measures.	

- 2. Restrictions. Licensee shall not (a) sell, distribute or sublicense MOB or any portion thereof, (b) modify or adapt MOB, or (c) translate, reverse engineer, or create any derivative work of MOB. Licensee shall only use MOB in the manner authorized. Licensee shall have at least one Master Trainer on the License Agreement at all times to be able to utilize the License. Copies of materials are to be made only to extent necessary to conduct program with seniors.
- 3. *Credit*. Any publication of MOB, or any adaptation thereto, whether in print, video or computer-based publication, shall bear the following credit:

A Matter of Balance: Managing Concerns About Falls/ Volunteer Lay Leader Model ©2006.

This program is based on "Fear of Falling: A Matter of Balance" Copyright © 1995 Trustees of Boston University. All rights reserved. Used and adapted by permission of Boston University.

Inquiries regarding the original program may be directed to Boston University, Health & Disability Research Institute, 53 Bay State Road, Boston, Massachusetts, 02215.

A Matter of Balance was created with support from the National Institute on Aging.

A Matter of Balance Lay Leader Model was developed by a grant from the Administration on Aging (#90AM2780)

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4. Indemnification. To the extent permitted by law,	shall
at all times during the term of this License and thereafter, defeagents and affiliates (together, "indemnitees") harmless from a including legal expenses and reasonable attorneys' fees, arising Agreement.	end and hold MaineHealth, its trustees, officers, employees, and against all claims, suits, demands, liability and expenses, g out of any negligent act or omission of pursuant to this
5. Responsibility for Acts or Omissions agrees to accept and be responsible for its own acts or omissic independent contractors and nothing in this Agreement shall be MaineHealth.	ons, as well as those acts or omissions of its employees, agents and
DAMAGES, INCLUDING, WITHOUT LIMITATION, ANY DAMAGES PROFITS OR LOSS OF BUSINESS ARISING OUT OF OR IN CONNE	CTION WITH THIS AGREEMENT, THE USE OF THE MOB OR OF THE MOB, WHETHER OR NOT LICENSOR HAS BEEN ADVISED OF
either party upon 30 days prior written notice. If agreement is use of the MOB. At end of the initial 3-year term, and each subfee for access to the materials and continued technical support	osequent three-year term, there will be a \$300.00 License Renewal and training to implement the program. The license shall al fee. Should MaineHealth terminate the License prior to the end
program implementation. If	·
date first above written.	
MaineHealth Organization Name	Your Organization Name
Signature	Legally Authorized Signature (sign in blue ink) (i.e., CEO, President, Executive Director)
Albert G. Swallow III Chief Financial Officer	
MaineHealth	
Printed Name and Title	
Timed Name and Title	Printed Name and Title of Authorized Signatory
207-661-7120	
Phone 01/02/2024	Phone
Date	Email Address

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Master Trainer(s) covered under this license:

Name:_	
Name:_	
Name:_	
Name: _	
Name: _	
Name:_	
Name: _	
Name: _	

Please send a signed agreement via e-mail or fax:

E-mail: MOBLICENSE@mainehealth.org

Fax: 207-661-7540

PLEASE KEEP A COPY FOR YOUR RECORDS.

Questions? Please call 207-661-7120.