

Exhibit I

PROVINCE RELEASE

I hereby fully release and forever discharge any and all Claims against the Province that, directly or indirectly, relate to my Tort Claim, the injuries or damages alleged in the Tort Claim, whether known or unknown, suspected or unsuspected, in law or equity. This release shall be binding upon my successors, heirs, agents and representatives.

I represent and warrant that I have not assigned or otherwise transferred any interest in such Claims.

This General Release of Claims shall be effective as of the Effective Date of the Plan or, if executed after the Effective Date of the Plan, as of the date executed.

I consent to the Confirmation Order (or entry thereof), including the Province Channeling Injunction in Section 12.6B of the Plan.

Capitalized terms are defined in Section II of the Plan.

DATED: \_\_\_\_\_, 2015

TO BE COMPLETED BY TORT CLAIMANT, IF APPLICABLE:

\_\_\_\_\_  
Print or Type Name and Claim Number (if known)

\_\_\_\_\_  
Signature of Tort Claimant

\_\_\_\_\_  
Address of Tort Claimant

( ) \_\_\_\_\_  
Telephone Number of Tort Claimant

TO BE COMPLETED BY COUNSEL FOR TORT CLAIMANT, IF APPLICABLE:

**By signing this Release, I make the following certifications under penalty of perjury pursuant to 28 U.S.C. § 1746:**

- I have explained the terms and effects of the Plan and this Release to the Tort Claimant listed below and have full and express authority to sign this Release on behalf of the Tort Claimant listed below.

\_\_\_\_\_  
Print or Type Name of Tort Claimant and Claim Number (if known)

\_\_\_\_\_  
Print or Type Name of Counsel for Tort Claimant

\_\_\_\_\_  
Signature of Counsel Tort Claimant

\_\_\_\_\_  
Address of Counsel for Tort Claimant

( ) \_\_\_\_\_  
Telephone Number of Counsel for Tort Claimant