

Full and Final Release

KNOW ALL MEN BY THESE PRESENTS,

That the undersigned, being of lawful age, in consideration of the payment of _____ (\$ _____) Dollars, paid to me, the receipt of which is hereby acknowledged, I being of lawful age, for myself, my heirs, administrators, executors, successors and assigns hereby fully and forever release, acquit and discharge the _____ and other persons, associations and corporations, jointly or severally liable or claimed to be jointly or severally liable with _____ from any and all actions, causes of action, claims and demands of whatsoever kind or nature on account of any and all known and unknown injuries, losses and damages by me or my property sustained in or resulting from an accident which occurred on or about the _____ day of _____, 2____ at or near _____ **County**, for which injuries I claim the said _____ **and** _____ to be legally liable, which liability is expressly denied, it being understood and agreed the acceptance of said sum is in full accord and satisfaction of a disputed claim and the payment of said sum is not admission of liability.

It is expressly understood and agreed this release and settlement is intended to cover and does not cover not only all known injuries, losses and damages but any future injuries, losses and damages not now known or anticipated but which may later develop or be discovered, including all the effects and consequences thereof.

I hereby declare that I have carefully read the foregoing release and fully understand the terms of this settlement; that I sign this release as my own free act with the intention of being legally bound thereby; that the amount stated herein is the sole consideration of this release and I voluntarily accept said sum for the purpose of making a full and final compromise, adjustment and settlement of all claims for injuries, losses and damages resulting or to result from said accident.

In witness whereof, I have set my hand this _____ day of _____, 2 ____.

WITNESS:

X _____
Full Name

X _____
Social Security Number or Federal Tax ID #

X _____
Spouse Full Name

X _____
Social Security Number or Federal Tax ID #