PARENTS/GUARDIAN RELEASE AND INDEMNITY AGREEMENT

USAA®

United Services Automobile Association

Member Name	USAA Number	L/R Number	Date of Loss

FOR AND IN CONSIDERATION of the payment to me/us of the sum of _____, the receipt of which is hereby acknowledged, I/we, the undersigned, father and mother and/or guardian of _____ _____ a minor, do forever release, acquit, discharge and covenant to hold harmless _____ his/her heirs, successors and assigns of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, contribution, indemnification, on account of, or in any way growing out of, any and all known and unknown personal injuries and property damage which I/we may now or hereafter have as the parents and/or guardian of said minor, and also all claims or rights of action for damages which the said minor has or may hereafter have, either before or after he/she has reached his/her majority, resulting or to result from a certain accident which occurred on or about _____ at or near _____.

I/We do hereby state that said minor is completely recovered from any and all injuries sustained as a result of said accident and promise to bind myself/ourselves jointly and severally, my/our heirs, administrators and executors repay to the said _____ his/her heirs, successors and assigns any sum of money, except the sum above mentioned that he/she/they may hereafter be compelled to pay because of the said accident.

It is further understood and agreed that this settlement is the compromise of a doubtful and disputed claim and that this payment is not to be construed as an admission of liability on the part of _____ by whom liability is expressly denied.

I/We further agree and acknowledge that the releasees, and each of them, expressly reserve all rights of action of whatever kind against me/us, my/our heirs, executors, administrators and assigns and against said minor on account of, or in any way growing out of the above described occurrence or accident.

I/We further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our own free act.

MARYLAND Statutes state: "Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Executed at _____ (City/State) this _____ (Day) day of _____ (Month), _____ (Year)

WITNESSES:

_____
Signature

_____
Address

_____
Signature

_____
Address

CAUTION: READ BEFORE SIGNING

_____
Legal Signature

_____
Print Name

_____
Legal Signature

_____
Print Name