RELEASE

IN FULL OF ALL CLAIMS

CLAIM#

of a draft for the sum of receipt of which is her release, and forever di heirs, executors and ac whatever kind of naturalimited to, all causes of but which at this time known injuries, and ar at or near contribution and/or incorrections.	chy acknowledged, do for myself/ourselves, scharge ministrators, and all other persons, firms or ce, on account of or in any way growing out of action preserved by the wrongful death stature unknown and unanticipated and which may and all property damage resulting or to resident to the school of the second se	of State Maryland Being over the age of majority, f 100.00, lawful money of the United States of America to me my/our heirs, executors, administrators, successors and assign, Releasee(s), successors and assigns, and/or his, her corporations of and from any and every claim, demand, right of any and all personal injuries and consequences thereof, intuite applicable, any loss of services and consortium, any injury develop at some time in the future, all unforeseen developable from an accident that occurred on or about the day of a liability arising out of said accident including, but not limite ON FOR THE MAKING OF SAID SETTLEMENT AND F	your in hand paid, the gns, hereby remise, or their associates, tor cause of action, of cluding, but not tries which may exist pments arising from of the control of the co
event and as to the nat denied by that this release and se settlement agreement s	Releasee(s), tlement is not to be construed as consent or a	sposition of the disputes both as to the legal liability for said and/or damage which I/we have sustained and I/we understa, and it is covenanted and agreed between the Releasor(s) an an admission of liability on the part of said Releasee(s); that one on his behalf as a defense or estoppel in any action which (s) or his agents and servants, and any claim or whatever kirent is expressly reserved to them.	d Releasee(s) herein this release and h is now pending or
may ever be asserted b (3) That no promise, a the entire agreement be	y reason of said injuries, illness, or disease of greement, statement or representation not he tween the parties.	leasee(s) from any and every claim or demand, of every kind or the effects or consequences thereof, or damage to property arein expressed has been made to or relied upon by me/us an and seal this day of	d this release contains
THIS IS A	(SIGNATURE)_		
RELEASE			
IN FULL	(SIGNATURE)_		
	CERTIF	ICATE OF WITNESSES	
We certify that this re	lease was signed in our presence by the above	ve who acknowledged that he/they understood it fully.	
WITNESS		ADDRESS	
COUNTYOF	day of 20	before me personally appeared	
to me known to be the	person(s) named in and who executed the a	shave release and acknowledged little	
	<u> </u>		own free act and deed.
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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.