

FULL RELEASE OF ALL CLAIMS WITH INDEMNITY

Claim Number: _____

KNOW ALL BY THESE PRESENT, THAT

for and in consideration of the payment of _____ Dollars (\$ _____), the receipt and sufficiency of which is hereby acknowledged, does (do) hereby for myself (ourselves) and for my (our) heirs, executors, administrators, successors, assigns and any and all other persons, firms, employers, corporations, associations, or partnerships forever release, acquit, discharge and agree to hold harmless _____ and _____ and his, her, their or its agents, employees, servants, heirs, administrators, successors, executors, assigns and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of wages, expenses, hospital and medical expenses, loss of consortium, loss of service, and any compensation whatsoever, known or unknown, which the undersigned now has (have) or which may hereafter accrue on account of or in any way arising out of an accident which occurred on or about _____ at or near _____.

It is understood and agreed that this settlement is in full compromise of a doubtful and disputed claim as to both questions of liability and as to the nature and extent of the injuries and damage, and that neither this Release, nor the payment made pursuant thereto, shall be construed as an admission of liability, such being denied.

The undersigned hereby declare(s) and represent(s) that the injuries are or may be permanent and that recovery therefrom is uncertain and indefinite. In making this Release, it is understood and agreed that the undersigned rely(ies) wholly upon the undersigned's judgment, belief and knowledge as to the nature, extent, effect and duration of said injuries and liability therefor. This Release is made without reliance upon any statement or representation of the party(ies) being released, or their representatives, or by any physician or surgeon by them employed.

As a further consideration, I (we) warrant and covenant that all medical and/or hospital bills if incurred have been paid, or will be paid by me (us), that there is not a hospital lien, and that any and all liens, if any, of any nature whatsoever, not limited to but including workers' compensation liens and hospital liens, have been paid, will be paid by me (us), or have been waived by the lienholder. I (we) further agree to INDEMNIFY and HOLD HARMLESS the parties released herein from any such liens.

In consideration of the payment of the amount noted above, the undersigned further agree(s) to indemnify and hold harmless the above-released parties and/or their insurers from any and all further liability, loss, payment, damage, claims of subrogation, reimbursement or expense, arising out of injuries and damages, and, if necessary in order to save them so harmless, to satisfy on their behalf any judgment against them arising in any way out of the aforesaid accident.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

THE UNDERSIGNED HAS (HAVE) READ THE FOREGOING RELEASE AND FULLY UNDERSTAND(S) IT.

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.

Signature Date

Witness Signature Date

Signature Date

Witness Signature Date