

RELEASE WITH MEDICAL AGREEMENT

KNOW ALL BY THESE PRESENTS:

That the Undersigned, being of lawful age, for and in consideration of _____ Dollars (\$ _____) to be paid to _____

and in further consideration of the promise to pay the additional reasonable and necessary medical or dental expenses up to a maximum of (\$ _____) actually incurred by me/us for treatment within one year from and limited to and arising out of an occurrence on or about the _____ day of _____, 20____, at or near _____

do/does hereby and for my/our/its heirs, executors, administrators, successors, and assigns release, acquit and forever discharge _____

and his, her, their, or its agents, servants, successors, heirs, executors, administrators, and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said released parties deny liability and intend merely to avoid litigation and buy their peace.

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

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 read the foregoing release and indemnity agreement and fully understands it.

Signed, sealed and delivered this _____ day of _____, 20____.

WITNESS(ES):

SIGNATURE(S):

Witness

Signature

Witness

Signature

Claim Number

Date

NOTARY: State of _____; County of _____; SS

On this _____ day of _____, 20____, before me appeared _____

_____ who is known to be the person(s) named herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires