

[CLAIM_NUMBER]

[INSURANCE_COMPANY_NAME]

FULL RELEASE OF ALL INJURY CLAIMS AND DEMANDS

Claim Number: [CLAIM_NUMBER]
Policy Number: [POLICY_NUMBER]
Policy Holder: [POLICY HOLDER]

Known by all these presents that I/we, [PLAINTIFF_NAME], for and in consideration of the sum of [SETTLEMENT_AMOUNT_WORDED] (\$[SETTLEMENT_AMOUNT]) do hereby for myself my heirs, executors, administrators, successors and assignees any and all other persons, firms, employers, corporations, associations or partnerships, release, acquit and forever discharge [DEFENDANT_NAME] and [INSURANCE_COMPANY_NAME] of and from any and all claims, actions, causes of actions, liens, demands, rights, damages, costs, loss of wages, expenses, and compensation, hospital and medical expenses, accrued or un-accrued claims loss of consortium, loss of support of affection, loss of services, loss of society and companionship, wrongful death on account of, or in any way growing out of, any and all known and unknown personal injuries and other damages resulting from [INCIDENT_DESCRIPTION] which occurred on or about [DATE_OF_INCIDENT], at [LOCATION_OF_INCIDENT]. However, this release in no way discharges or releases any claim for property damage including rental coverage if applicable.

Interest on said sums, if any, shall begin to accrue 30 days from the execution of this document at the statutory rate.

It is understood that as a result of the accident described above, I/we have suffered injuries, which may or may not be permanent and progressive, and have incurred medical bills and other losses and damages, the full extent and duration of which is indefinite and uncertain. I/we realize that such losses and damages may extend into the future and have taken that into account in reaching this Agreement.

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

It is further understood and agreed that the undersigned relies wholly upon the undersigned's judgment, belief and knowledge of the nature, extent, effect and duration of said injuries, damages and liability. This Release is made without relying upon any statement or representation of the party or parties hereby released or their representatives.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Claimant signature

Date

Witness Signature

Date

IN WITNESS WHEREOF the undersigned have hereunto set his/her hand(s) and seal(s) this [DAY_OF_THE_MONTH] day of [CURRENT_MONTH].