Release for Personal Injury

Releasor:
Address:
Releasee:
Address:
1. Releasor voluntarily and knowingly executes this release with the intention of
eliminating Releasee's liabilities and obligations as described below.
2. Releasor hereby releases Releasee from all liability for claims, known and unknown, arising from injuries, mental, and physical, sustained by Releasor as follows:
Releasor understands that, as to claims that are known to the
parties when the release is signed, any statutory provisions that would otherwise apply to limit this general release are hereby waived. Releasor also understands that this release extends to claims arising out of this incident that are <i>not</i> known by Releasor at the time this release is signed.
3. Releasor has been examined by a licensed physician or other health care professional competent to diagnose <i>[choose one or both]</i> :
[] physical injuries and disabilities.
[] mental and emotional injuries and disabilities.
Releasor has been informed by this physician or health care professional that the injury described in Clause 2 has completely healed without causing permanent damage.
4. By executing this release, Releasor does not give up any claim that he or she may now or hereafter have against any person, firm, or corporation other than Releasee and those persons specified in Clause 7.
5. Releasor understands that Releasee does not, by providing the value described in Clause 6 below, admit any liability or responsibility for the above described injury or its consequences.

6. Releasor has received good and adequation of:	te value (consideration) for this relea	ise in the
7. By signing this release, Releasor additional legal representatives, assigns, and anyone not assigned any claim arising from the action of the release applies to Releasee's heirs, leavell as to Releasee.	else claiming under him or her. Releccident described in Clause 2 to any	easor has other party.
Releasor's signature	Date	
Print name	County of residence	
Releasor's spouse's signature	Date	
Print name	County of residence	
Releasee's signature	Date	
Print name	County of residence	
Releasee's spouse's signature	Date	
Print name	County of residence	
Certificate of Acknow	wledgment of Notary Public	
State of)	

) ss	3
County of)	
	1. 0	
On	, before me, state, personally appeared	, a notary
	, personally known to me (or pr	
satisfactory evidence)	to be the person whose name is subscril	bed to the within
instrument, and ackno	wledged to me that he or she executed t	the same in his or her
1 2	d that by his or her signature on the inst which the person acted, executed the ins	, 1
, <u>, , , , , , , , , , , , , , , , , , </u>	WITNESS my hand and	l official seal.
	Notary Public for the Sta	ate of
	•	
	My commission expires	
[NOTARY SEAL]		

Release for Personal Injury