RELEASE AND INDEMNITY AGREEMENT

KNOW ALL BY THESE PRESENTS:

That	the Undersigned, being of lawful	l age, for sole c	onsideration	
			(Dollars \$	_)
to be paid to _				
do/does hereb	y and for my/our/its heirs, exec	cutors, administ	rators, successors and assigns release, acc	luit
and forever di	scharge			
firms, corpora demands, righ undersigned n and all known consequences It is u	tions, associations or partnership hts, damages, costs, loss of se ow has/have or which may here an and unknown, foreseen and thereof resulting or to result fi, 20, at or near understood and agreed that this se	ps of and from rvice, expenses after accrue on unforeseen persorm the occurrent tettlement is the	compromise of a doubtful and disputed cla	on, the any the of
parties hereby and buy their p The permanent and Release it is judgment, bel therefore and released or the In fu and indemnify claim which n above mention	release, and that said released peace. undersigned hereby declares(s) d progressive and that recovery understood and agreed, that ief and knowledge of the naturis made without reliance upon a cir representatives or by any physither consideration of the above the party or parties hereby release has hereafter be presented by any ned occurrence.	and represent() there from is the undersigne re, extent, effecting statement or sician or surgeo e payment, the ased of and from yone for loss an	hission of liability on the part of the party ability and intend merely to avoid litigations) that the injuries sustained are or may uncertain and indefinite and in making the defect and duration of said injuries and liability representation of the party or parties here on by them employed. Undersigned hereby agrees to save harmle means and all expense arising because of and damage or personal injury as a result of indemnity agreement and fully understands indemnity agreement and fully understands.	be this ed/s lity eby ess
Signe	ed, sealed and delivered this	d	ay of, 20	_·
WITNESS(ES):			SIGNATURE(S):	
Witness			Signature	
Witness			Signature	_
Claim Number	r		Date	
NOTARY:	State of	; County o	f;S	SS
On this	day of	, 20	, before me appeared	
who is known	to be the person(s) named herein	n and who volu	ntarily executed this release.	
Notary Signature			Date Commission Expires	