

Release

FOR AND IN CONSIDERATION of the sum of _____ (\$ _____)
DOLLARS, the receipt of which is hereby acknowledged, I (we), the undersigned, do hereby
voluntarily release and forever discharge _____,
his/her/their agents, employees, heirs and assigns from any and all claims or damages arising out
of the treatment or omission to treat _____ on or about
_____, 20____ and I (we) accept this sum in full settlement and satisfaction.

Dated this ____ day of _____, 20 _____, at the city of _____,
_____ County, State of _____.

Name (printed) _____

Signature _____

Name (printed) _____

Signature _____

Witness To Signature:

Name _____

Address _____

Name _____

Address _____