

CAR ACCIDENT RELEASE OF LIABILITY FORM

I, _____, with a mailing address of _____
_____ in the City of _____, State of _____,
Hereinafter the "Releasor", hereby voluntarily and knowingly sign this release with the
express intention of eliminating _____, with a mailing address of
_____ in the City of _____, State of
_____, Hereinafter the "Releasee", of their liabilities and obligations as
described below.

1. Releasor hereby releases Releasee from all liability for claims, known and unknown, arising from property damage sustained by Releasor in an automobile accident that occurred on _____ [date] at _____ [time] involving a vehicle owned by Releasee or driven by Releasee or Releasee's agent. 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 not known by Releasor at the time this release is signed.

2. By signing 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 and entities specified in Section 1.

3. Releasor understands that Releasee does not, by providing the value described below, admit any liability or responsibility for the accident described in Clause 1 or its consequences.

4. Releasor has received good and adequate value (consideration) for this release in the form of: \$ _____ (US Dollars)

5. By signing this release, Releasor additionally intends to bind his or her spouse, heirs, legal representatives, assigns, and anyone else claiming under him or her. Releasor has not assigned any claim arising from the accident described in Clause 1 to any other party. This release applies to Releasee's heirs, legal representatives, insurers, and successors, as well as to Releasee.

Releasor's Signature _____ **Print Name** _____

Date _____

Releasee's Signature _____ **Print Name** _____

Date _____

Certificate of Acknowledgment of Notary Public

State of _____)

County of _____)

On _____ before me, _____,
personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____

Print Name _____

Commission Expires _____

Place Notary Seal