



# FINAL RELEASE

**THIS RELEASE is in respect of damages for**

- PERSONAL INJURY
- PROPERTY DAMAGE
- STATUTARY CLAIM FOR DAMAGES

**IN CONSIDERATION** of the payment of the sum of

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

and which is directed by the undersigned to be paid as follows:

\_\_\_\_\_ (\$ \_\_\_\_\_)

\_\_\_\_\_ (\$ \_\_\_\_\_)

\_\_\_\_\_ (\$ \_\_\_\_\_)

**GOODS AND SERVICES TAX:** The amount claimed should be net of recoverable GST.

Is the Insured registered for GST? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is YES, please state: a) Registration No# \_\_\_\_\_

b) Percent Recoverable \_\_\_\_\_

**THE UNDERSIGNED** hereby for themselves, their heirs, executors, administrators, successors and assigns

I. release and forever discharge (namer of insurer and insured) \_\_\_\_\_

\_\_\_\_\_ (herein referred to as the "Releasee") from any action, cause of action of any nature and kind whatsoever for injury or, as the case may be, damage as specified above sustained as at the date hereof or that may be sustained thereafter, as a result of:

\_\_\_\_\_ on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

- II. Agree not to many claim or take proceedings against any person or corporation who might claim contribution or indemnity under provisions of any statue or otherwise;
- III. Agree that the said payment does not constitute an admission of liability on the part of the Releasee; and
- IV. Declare that the terms of this settlement are fully understood, that the amount stated herein is the sole consideration of this release and that such amount is accepted voluntarily as a full and final settlement of the claim for damages specified above.

**SIGNED AT** THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**WARNING:** The purpose of obtaining your signature on this form is to prevent you from making a claim against anyone in the future for any damages or injuries you have sustained or may suffer in the future as the result of the incident described above in the form.

## READ BEFORE SIGNING

IN THE PRESENCE OF: \_\_\_\_\_

(Witness)

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Signature)