EMPLOYEE'S RELEASE PERSONAL INJURY CLAIMS

Release executed on		(month & day),	(year),
by	(name)		
(address), here referred to as r	eleasor, to		
	(n	ame), a corporation ir	ncorporated
under the laws of the State of _		, of (or, if a corpor	ation: with its
principal place of business loca	ated at)		
		(address), here refer	red to as
company.			
	RECITALS	3	
A. Releasor has been employe	ed by company a	sa	
	(set forth jot	o title or description) s	ince
(m	onth & day),	(year), and	
(earns the sum of	Doll	lars (\$) per	week or set
forth average weekly wage as	determined under	r workers compensation	on law).
B. On	(month & day)), (year), r	eleasor
sustained personal injuries, inc	luding		
(enumerate), as a result of an a	accident that occu	urred as follows:	

(describe).

C. The above-described personal injuries are ______ (total or partial) and have been determined to be ______ (permanent or temporary) in nature.

D. Prior to the date of this release,	(month & day),			
(year), the sum of	Dollars (\$) has been			
paid (or is due and unpaid) to releasor as benefits under the				
(state) workers compensation law or otherwi	se as the case may be). The sum of			
Dollars (\$	_) in additional payments is to be made			
to releasor, such payments continuing until _	(month &			
day), (year), or for a period of	weeks.			

E. _____ (In the event of a claim or lien for unemployment benefits, the number of days and the amount of temporary disability indemnity for which a lien should be allowed should be set out.)

F. Releasor is willing to release company from all claims that ______ (he/she) may have in relation to the above-described personal injuries according to the terms of this instrument.

SECTION ONE RELEASE OF ALL CLAIMS

In consideration of the sum of ______ Dollars (\$______), receipt of which from company is hereby acknowledged, releasor executes this release in full settlement of all claims as hereinafter set forth for ______ (himself/herself), and ______ (his/her) dependents, heirs, legal representatives and assigns, releasor forever releases and discharges company, its agents, officers, employees, successors and assigns, of and from any and all claims, demands, actions and causes of action or suits at law or in equity for and on account of any and all known and unknown injuries, disabilities, physical and mental,

diseases, damages, losses and expenses sustained by ______ (him/her) or anyone claiming under ______ (him/her) as a result of the above-described accident. Releasor intends that this release apply to any and all future injuries, damages, losses and expenses, not now known or anticipated, but as may later develop or be discovered, with all the effects and consequences thereof, arising out of the above-described accident.

SECTION TWO WORKERS COMPENSATION

This release shall fully and completely settle, satisfy and discharge all of releasor's claims, demands, actions and causes of action against the parties hereby discharged under the Workers Compensation Law of the State of ______, or any other law, arising or to arise from the above-described accident.

SECTION THREE MEDICAL EXPENSES

All medical, hospital and other related expenses, and all future medical, hospital and other related expenses that may be incurred by releasor or any person in ______ (his/her) behalf in connection with the above-described accident are the sole and separate obligation of releasor, and the parties named herein are released and discharged from any and all liability therefor.

SECTION FOUR RELIANCE FOR EXECUTION OF RELEASE

Releasor states that no other promises have been made or other considerations promised for the execution of this release and settlement. Releasor executes this release of _____ (his/her) own volition and free will and not on the advice or statement of any physician, attorney or other person in any way connected with the

parties herein discharged as to any past, present or future condition of fact of any kind or character whatever.

Releasor has read this release and fully understands all its terms.

SECTION FIVE

APPROVAL

Releasor and company agree that this release will not be effective unless and until it has been approved by ______

(specify workers compensation appeals board or by a referee).

(Signature)

(Date)

(Acknowledgment)

Approved as to Form and Content By:

(Signature and Title of Official)

(Date)