MUTUAL RELEASE OF ALL CLAIMS

KNOW ALL PERSONS BY THESE PRESENTS:

The undersigned parties for themselves individually, and for their heirs, executors, administrators, successors and assigns in exchange for valuable consideration, the receipt of which is hereby acknowledged **RELEASE, ACQUIT AND FOREVER DISCHARGE** each other, and their agents, employees, servants, successors, heirs, executors, administrators, insurers, partners, attorneys, limited partners, and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses, attorney fees, and compensation whatsoever, which the undersigned now has OR **WHICH MAY HEREAFTER ACCRUE** on account of or in any way growing out of any and **ALL KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN, ANTICIPATED AND UNANTICIPATED** damages and the consequences thereof resulting, arising out of _____

It is understood and agreed that neither party executing this instrument is admitting any fault or liability and that both parties seek to merely buy their piece and avoid protracted litigation.

The undersigned further acknowledges and agrees that he has or will satisfy and discharge all liens, which exist against the settlement proceeds and will indemnify, hold harmless and defend the other parties hereto from any and all claims which may be made on the basis of any liens against the settlement proceeds which are paid in connection with this Release.

The undersigned hereby declares and represents that the injuries sustained are or may be permanent and progressive and that recovery therefrom is uncertain and indefinite and in making

this Release it is understood and agreed that the undersigned relies wholly upon the undersigned's judgment, belief and knowledge of the nature, extent, effect and duration of said injuries and liability therefore and is made without any reliance upon any statement or representation of the party or parties hereby released or representative or by a physician or surgeon by him employed.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this _____ day of _____, 20_____.

CAUTION: READ BEFORE SIGNING BELOW

_____

STATE OF INDIANA)
) **SS:**
COUNTY OF _____)

Personally appeared before me, a Notary Public, in and for said County and State, _____, known to me as the person named herein, stated to me that he has read the foregoing and that the facts and representations contained therein are true and correct to the best of his knowledge and belief, and further he acknowledged the execution of the foregoing as his free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal, this _____ day of _____ , 20_____.

_____
Notary Public

_____
Printed
Notary Public License #_____

My Commission Expires: County of Residence:

_____ _____

This document was notarized in _____County, Indiana.