

Sample Form: Release of All Claims

For and in consideration of the payment to me at this time of the sum of _____(insert amount of dollars here)_____, the receipt of which is hereby acknowledged, I, _____(insert patient's name here)_____, being of lawful age do hereby release, acquit and forever discharge _____(insert dentist's name here)_____, and all other persons, firms and corporations who might be liable of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown injuries and damage resulting or to result from any and all treatment rendered during the time frame of _____(insert beginning treatment date here)_____ through and including _____(insert last treatment date here)_____.

I, _____(insert patient's name here)_____, hereby declare and represent that the injuries sustained are permanent and progressive and that recovery therefrom is uncertain and indefinite, and in making this release and agreement, it is understood and agreed that I rely wholly upon my own judgment, belief and knowledge of the nature, extent and duration of said injuries, and that I have not been influenced to any extent whatsoever in making this release by any representations or statements regarding said injuries, or regarding any other matters, made by the persons, firms or corporations who are hereby released, or by any person or persons representing him, her or them, or by any physician or surgeon by him, her or them employed.

It is further understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment is not to be construed as an admission of liability on the part of _____(insert dentist's name here)_____ or the employees or independent contractors of _____(insert dentist and practice name(s) here)_____ by whom liability is expressly denied.

I further agree and do hereby agree to **indemnify** and **hold harmless** each and all of the parties hereby released from any and all claims, demands, actions and causes of action of whatsoever nature or character which may hereafter be asserted by any persons, entities, organizations, firms, healthcare providers, corporations, or insurance companies, as a result of the above described incident, and to **indemnify** and **hold harmless such** released parties from any and all demands, actions and causes of action for contribution and or indemnity which may hereafter be asserted by any person, firm, healthcare provider, entity, organization, insurance company, or corporation against the parties hereby released, as a result of the above described incident.

I further agree that I will keep the terms of this settlement and the facts pertaining to this matter confidential. This settlement and release shall not be disclosed to any third party at this time or at any future date, except as required by law.

This release constitutes the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign the same as my own free act.

Patient's signature

State of _____ County of _____

Before me, the undersigned authority, on this day personally appeared (patient's name) known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she signed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office, this _____ day of _____, 20_____.

Notary Public in and for the State of _____