**INSURANCE RELEASE FORM**

1. **THE PARTIES**. This Insurance Release (“Release”) is made on [DATE] between:

Claimant: [CLAIMANT'S NAME] (“Claimant”) hereby releases:

Insurer: [INSURANCE COMPANY'S NAME] (“Insurer”).

1. **RELEASE**. The Claimant agrees to hold the Insurer harmless against any and all future claims for the following: [DESCRIBE ACTIVITY BEING RELEASED].

Hereinafter the “Released Activity.”

1. Compensation. In connection with this Release, there is: (check one)

[ ]  - **Payment Required**. A payment of $[AMOUNT] is required to be paid

 by the Insurer to the Claimant as a condition of this Release.

[ ]  - **Other**: [DESCRIBE OTHER COMPENSATION].

1. **WAIVER OF CLAIMS**. In consideration of the covenants, agreements, and undertakings expressed herein, both parties, including their families, heirs, employees, contractors, agents, and successors, agree to irrevocably release each other from any past, present, or future claims or liabilities without admitting any wrongdoing related to the Released Activity. This waiver settles all disputes related to any potential injuries or damages and is considered legally binding upon its execution and prevents any further claims by any parties or their successors.
2. **GOVERNING LAW**. This Release shall be governed under the laws of the State of [STATE].

In witness whereof, the Claimant and Insurer authorize this Release on the date indicated below, acknowledging agreement to the terms and conditions of this Release.

**Claimant’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [CLAIMANT'S PRINTED NAME]

**Insurer’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [INSURANCE REPRESENTATIVE'S PRINTED NAME]