

Release

FOR AND IN CONSIDERATION of the sum of \$ _____, receipt and sufficiency of which hereby are acknowledged, the undersigned, for herself/himself, her/his heirs, personal representative, successors, and assigns, and for and on behalf of and person or entity who may assert and claim derived from any claim which has been or might be asserted by her/him, does hereby **RELEASE AND FOREVER DISCHARGE**, (insert dentist's name) her/his associates, employees, representatives, agents heirs, personal representatives, successors and assigns from any and all claims, actions, suits, or demands of any kind or nature whatsoever, wether for property damage or for personal injury whether such injury be known, unknown, foreseen, unforeseen, foreseeable, or unforeseeable, arising in any way from and dental treatment rendered to her/him by Dr. _____ Or under his/her direction or supervision, at any time from _____ through the date of this **RELEASE**.

THE UNDERSIGNED UNDERSTANDS AND AGREES that the payment described herein is made and accepted in compromise and settlement of a disputed claim, and that this **RELEASE** shall terminate and waive forever all issues which have been, might have been or could be raised in and suit or action in any court of law or equity arising from the dental treatment described above.

THE UNDERSIGNED UNDERSTANDS AND AGREES that if any person, organization or other entity shall assert any claim against any person or entity released hereby alleging a right or claim derived from any injury, claim, damage, or loss allegedly sustained by her/him as a result of the dental treatment described above, he/she shall hold harmless and indemnify each such person or entity for all costs, judgements, attorney fees and other expenses

incurred in defending against such claim, demand, action or suit.

THE UNDERSIGNED REPRESENTS THAT at the time of the execution of this RELEASE, he/she is an adult, legally and mentally competent, has had the opportunity to seek and obtain the advice of legal counsel concerning the rights and obligations conferred by this RELEASE, understands and agrees to each and every term herein, and intends to be bound thereby.

IN WITNESS WHEREOF, the undersigned has set his/her hand and seal this _____
_Day of _____.

STATE OF COLORADO

) ss:

COUNTY OF)

SUBSCRIBED TO AND SWORN before me on this _____Day of _____

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WITNESS my hand and official seal.

Notary Public

My Commission Expires :