

# General Mutual Release

Party 1: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Party 2: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

1. We voluntarily and knowingly sign this mutual release with the express intention of eliminating the liabilities and obligations described below.

2. Disputes and differences that we mutually desire to settle exist between us with respect to the following: \_\_\_\_\_.

3. The value (consideration) for this mutual release consists of our mutual relinquishment of our respective legal rights involved in the disputes described above.

4. In addition, either party will receive the following payment or other consideration from the other [*check and explain any that apply*]:

[ ] Party 1 will receive from Party 2: \_\_\_\_\_.

[ ] Party 2 will receive from Party 1: \_\_\_\_\_.

5. By signing this release, we both intend to bind our spouses, heirs, legal representatives, assigns, and anyone else claiming under us, in addition to ourselves. Each party understands that, as to claims that are known to that party when the release is signed, any statutory provisions that would otherwise apply to limit this general release are hereby waived. Each party also understands that this release extends to claims arising out of this incident that are *not* known at the time this release is signed.

\_\_\_\_\_

Party 1's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Print name

County of residence

\_\_\_\_\_

\_\_\_\_\_

Party 1's spouse's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Print name

County of residence

\_\_\_\_\_

\_\_\_\_\_

Party 2's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Print name

County of residence

\_\_\_\_\_

\_\_\_\_\_

Party 2's spouse's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Print name

County of residence

**Certificate of Acknowledgment of Notary Public**

State of \_\_\_\_\_ )

) ss

County of \_\_\_\_\_ )

On \_\_\_\_\_, before me, \_\_\_\_\_, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_

[NOTARY SEAL]