

Date: [Insert Date]

RE: SETTLEMENT AGREEMENT AND RELEASE OF ALL CLAIMS

Claimant: [Insert Claimant Name]

Insured/Respondent: [Insert Name of Property Owner/Business]

Incident Date: [Insert Date of Fall]

Claim Number: [Insert Claim Number]

1. SETTLEMENT AMOUNT

In consideration of the total payment of \$[Insert Dollar Amount], the Claimant agrees to settle and forever release the Respondent from any and all claims, demands, and causes of action arising from the slip and fall incident that occurred on [Insert Date] at [Insert Location Address].

2. RELEASE OF LIABILITY

By signing this agreement, the Claimant understands that this is a full and final settlement. The Claimant hereby releases, acquits, and forever discharges the Respondent, their insurance carriers, employees, and agents from any further liability, including past or future medical expenses, lost wages, pain and suffering, and legal fees related to this incident.

3. NO ADMISSION OF FAULT

It is understood that this settlement is a compromise of a disputed claim and that the payment made is not to be construed as an admission of liability or negligence on the part of the Respondent.

4. CONFIDENTIALITY

The parties agree to keep the terms and amount of this settlement confidential, except as required by law or for tax purposes.

5. LIENS AND BILLS

The Claimant agrees to be solely responsible for the satisfaction of any and all medical liens, subrogation claims, or outstanding medical bills resulting from the incident.

6. FINAL AGREEMENT

The Claimant acknowledges that they have read this document, understand its contents, and are signing it voluntarily.

Claimant Signature

Date

Witness/Authorized Representative Signature

Date