DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

RELEASE OF ALL CLAIMS

That _____, being of lawful age, for and in consideration of the total combined sum of _____ dollars, the receipt and sufficiency of which is hereby acknowledged, does hereby remise, release, and forever discharge the State of Florida, its elected officials, agents, employees and volunteers, including the _____ from all claims and demands, actions and causes of actions, damages, costs, loss of services, expenses and compensation on account of, or in anyway growing out of any and all known and unknown, foreseen or unforeseen bodily and personal injuries or death, damage to property, and the consequences thereof, and especially from all liability arising out of any occurrence that happened on or about the ____ day of _____, _____, at or near _____, _____.

It is understood and agreed that the party or parties hereby release and admit no liability to the undersigned or others, and shall not be stopped or otherwise barred from asserting and expressly reserving the right to assert any claim or cause of action such party or parties may have by way of contribution or otherwise.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of the Release are contractual and not a mere recital. That all hospital and medical bills in connection herewith have been paid, that any and all liens and subrogated interests including Medicaid liens pursuant to Sections 409.901 and 409.910, F.S., shall be paid by claimants out of the settlement proceeds herein.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed and sealed this ____ day of _____, _____.

CAUTION: READ BEFORE SIGNING.

_____ _____
Witness

_____ _____
Witness

State of_____ COUNTY OF _____
On the _____day of _____, _____, before me personally appeared
_____ to me known to be the person(s) named herein and who executed the foregoing Release and _____acknowledged to me that
_____has (have) read the foregoing Release and understands the content thereof and that _____voluntarily executed same.
My term expires _____. _____
NOTARY PUBLIC

DFS-D0-280
Effective 07/23
Rule 69H-2.008, F.A.C.