

Refund/Fee Waiver Release

In exchange for the payment or fee waiver I acknowledge receiving at this time, in the amount of _____,

I, Patient _____, being of lawful age do hereby release, acquit and forever discharge _____ Dr.

_____ and all other involved persons or entities, and their successors, assigns, and administrators, of any and all liabilities arising from any known or unknown injury or damage resulting from treatment rendered during the following period of _____(insert beginning treatment date here)_____ through and including _____(insert last treatment date here)_____.

I, Patient _____, understand and agree that I am relying wholly upon my own judgment, belief and knowledge of the nature, extent and duration of any injuries I may have, and that my decision to agree to this release has not been influenced in any way by any representations or statements regarding those injuries, or regarding any other matters, made by _____ Dr. _____ or any other involved persons, entities, representatives, or employees.

I understand and agree that this settlement is the compromise of a dispute, and that the payment or fee waiver is not to be construed as an admission of liability on the part of _____ or the employees or independent contractors of _____ Dr. _____, by whom liability is expressly denied.

I agree to indemnify and hold harmless each and all of the released parties and their successors, assigns, and administrators from any and all claims, demands, or indemnity of any nature or character which may be claimed in the future by any persons or entity as a result of the treatment provided during the dates set forth above.

I agree that I will keep the terms of this settlement and the facts pertaining to this matter confidential. This settlement and release shall not be disclosed to any third party at this time or at any future date, except as required by law.

I agree that this release constitutes the entire and final resolution of the dispute between the parties, and the terms of this release are contractual and enforceable.

I have carefully read this release and understand its contents, and I am signing it of my own free act.

Signed: _____ Date: _____
Patient

Signed: _____ Date: _____
Witness