RECEIPT, WAIVER AND RELEASE OF CLAIMS

The undersigned hereby acknowledges receipt of $ _____, as and for full and complete settlement and satisfaction of any and all claims, damages or injuries of any nature whatsoever that the undersigned may have against the City of _____, its officials, employees, agents or licensees, stemming from, directly or indirectly, or arising out of the incident occurring on or about _____, at _____, briefly described as follows:

_____

_____

_____,

and the undersigned does hereby waive and release any and all claims, rights that the undersigned now has or may have relative thereto, against the City of _____, its officials, employees, agents or licensees.

Dated: _____ _____
Signature

STATE OF WASHINGTON)
) :ss _____
COUNTY OF _____) Name (printed)

On this _____ day of _____, 200___, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ _____, to me personally known to be the individual(s) who executed the above and foregoing document and acknowledged that he/she/they signed and executed the above document as his/her/their free and voluntary act and deed.

_____
NOTARY PUBLIC in and for the State of Washington,
residing at _____
My Commission expires: _____