State of _____

General Release

This G	eneral Relea	se ("Release") is made on	day of		_, 20	_between:
Releasor:			, at				[Address]
("Relea	asor") and						
Releasee:		, at				[Address]	
("Relea	asee").						
1.	Releasor and anyone claiming on Releasor's behalf releases and forever discharges Releasee and its affiliates, successors, officers, employees, representatives, partners, agents and anyone claiming through them (collectively, the "Released Parties"), in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which Release has or ever had or may in the future have against Releasee or any of the Released Parties arising out of or relating to:						
							("Claims").
2.	In exchange for the release of Claims, Releasee will provide Releasor a payment: (Check one)						
		Of			_[Item descri	ption].	
			payment, Releas on of any preser			ient as fu	Ill and complete
3.	acted wrong	gfully with res	e in any way con pect to Releaso for any purpose	r or any other pe	erson, that it a	dmits lial	
4.	representat Claims and Release are the validity between the understand may not be	tives, executo I has not assig e severable. or enforceabi e parties and lings between altered, ame	rs, successors a gned or transferr If any provision i lity of any other supersedes any the parties cond nded or modified	and assigns. Rel ed any Claims t is held to be inve provision. This f and all prior or cerning the subj d, except by a w	leasor has the to any other pa alid or unenfor Release const al or written ag ect matter of t ritten docume	authority arty. The rceable, i itutes the greement his Relea nt signeo	provisions of this t shall not affect e entire agreement

5. Both parties represent they fully understand their right to review all aspects of this Release with attorneys of their choice, that they have had the opportunity to consult with attorneys of their choice, that they have carefully read and fully understand all the provisions of this Release and that they are freely, knowingly and voluntarily entering into this Release.

State of_____

SIGNATURES

Signature of Releasor

Date

Printed Name of Releasor

Signature of Releasee

Date

Printed Name of Releasee

Signed in the presence of:

Witness Signature

Witness Name

Address

Witness Signature

Witness Name

Address

NOTARY ACKNOWLEDGEMENT:

State of _____)) ss: County of _____)

The foregoing instrument was acknowledged before me this _____day of ______, 20_____, by the undersigned, _______, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: _____