## Release

49-0631-G57

The undersigned agrees to be responsible for and to satisfy out of the proceeds of this settlement, any and all liens, known and unknown, and/or subrogated interests, for medical treatment, health care and related expenses, and attorney's fees, incurred by, or on behalf of the undersigned, for any bodily injury arising from the accident described herein above.

The undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, disputed or otherwise, known or unknown, on account of the injuries and damages above mentioned, and for the express purpose of precluding forever any further or additional claims arising out of the incident described above.

The undersigned expressly and intentionally waives all rights and benefits which the undersigned now has or in the future may have under the terms of Section 1542 of the Civil Code of the State of California, which section provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

For your protection California Law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I have read, understand and agree to the provisions of the provision of the provisio	of this release on this 16 day of May,
Witness or Attorney of Record Signature	Releasor Signature
Witness or Attorney of Record Printed Name	Releasor Printed Name
2966 Wilshire Blud, Soite C	05/16/7018
Address	Date
Los Angeles, CA 90010	Releasor Signature
Date 05/16/2018	
	Releasor Printed Name
	Date