

Slip and Fall Accident Release Form

Releasor Information

Full Name:

Address:

Phone Number:

Email:

Incident Details

Date of Accident:

Location of Accident:

Brief Description of Incident:

Release Statement

I, the undersigned Releasor, hereby acknowledge that I have suffered a slip and fall accident on the above-mentioned date and location. In consideration of the sum of \$ _____ and other good and valuable consideration, I hereby release and forever discharge the Releasee(s) from any and all claims, demands, actions, and causes of action arising from, or related to, the above-described incident.

I affirm that I have read and understand this Release Form, and I sign it voluntarily of my own free will.

Releasor's Signature:

Date:

Witness Signature:

Date:
