

# Slip and Fall Accident Release Form

## Releasor Information

Full Name:

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Address:

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Phone Number:

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Email:

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## Incident Details

Date of Accident:

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Location of Accident:

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Brief Description of Incident:

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## 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:

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Date:

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Witness Signature:

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Date:

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