

Comprehensive Injury Settlement Contract

Date: _____

Contract Reference Number: _____

1. Parties

Injured Party: _____

Address: _____

Respondent: _____

Address: _____

2. Background

WHEREAS, the Injured Party alleges to have sustained injuries in connection with the following incident:

Describe incident: _____

Date of Incident: _____

Location: _____

3. Settlement Terms

a. **Settlement Amount:** The Respondent agrees to pay the Injured Party the sum of _____ (\$ _____) as full and final settlement.

b. **Payment Method:** _____

c. **Payment Due Date:** _____

4. Release of Claims

Upon receipt of the settlement amount, the Injured Party hereby releases and forever discharges the Respondent and all related parties from any and all past, present, or future claims, liabilities, actions, or demands arising out of or relating to the incident described in Section 2.

5. No Admission of Liability

This settlement does not constitute an admission of liability or wrongdoing by the Respondent.

6. Confidentiality

The terms and details of this agreement shall remain confidential except as required by law.

7. Governing Law

This contract shall be governed and interpreted under the laws of _____ .

8. Entire Agreement

This settlement represents the entire agreement between the parties. No other promises or agreements shall be binding unless in writing and signed by both parties.

9. Signatures

Injured Party Signature

Date: _____

Respondent Signature

Date: _____