

Accident No. _____



Iowa Department of Transportation

GENERAL RELEASE

For valuable consideration, the receipt of which is hereby acknowledged, the undersigned does hereby release and forever discharge _____ from all claims, causes of action, and demands, whatsoever, the undersigned now has or hereafter may have on account of damage, loss or injury resulting from the motor vehicle accident which occurred on or about _____, at or near _____, Iowa.
(Month/Day/Year)

To Be Completed By Insurance Company Representative Signing This Release.

_____ paid \$ _____ to our insured _____
Insurance Company Name Insured's Name
and/or non-insured _____ for loss sustained resulting from this accident.
Names

To Be Completed By Parent Or Guardian

I, _____ am signing this release on behalf of _____
Parent or Guardian Minor Child/Children
as their parent or legal guardian. If legal guardian, supporting legal documentation must also be submitted for verification.

Dated _____, _____
Month, Day Year Party Giving Release Sign Here

In the presence of:
STATE OF IOWA)
COUNTY OF _____)
Print Name
Title With Insurance Company

Subscribed and sworn to before me this _____ day of _____, _____ Year

Notary Public in and for said County and State

1. Release must be notarized.
2. If intended to discharge both the owner and the operator from all liability, the release should include both names as parties released from liability.

File releases with the Iowa Department of Transportation as evidence of your compliance with the Iowa Motor Vehicle Financial and Safety Responsibility Law.