

**End of Claim Release Form**

FOR GOOD CONSIDERATION THE AMOUNT OF \_\_\_\_\_(\$ CDN) AS THE AWARD MADE BY THE COMPENSATION BOARD IN RESPECT OF CLAIM NUMBER \_\_\_\_\_ (\*): the undersigned hereby forever releases, discharges, acquits and forgives \_\_\_\_\_, its affiliates, contractors and subcontractors, representatives, agents, employees, servants, officers, successors and assigns from any and all claims, actions, suits, demands, agreements, liabilities and proceedings both at law and in equity arising from the beginning of time to the date of these presence and more particularly related to: \_\_\_\_\_  
\_\_\_\_\_.

It is further agreed that this consideration is given without any admission of liability or responsibility on the part of \_\_\_\_\_, its affiliates, contractors and subcontractors, representatives, agents, employees, servants, officers, successors and assigns, for the incident described above.

This release shall be binding upon and inure to the benefit of the parties, their successors, employees, contractors, subcontractors, assigns and representatives.

Signed this \_\_\_\_ th day of \_\_\_\_\_ 20\_\_.

Name: \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

of \_\_\_\_\_  
(Address)

In the presence of:

\_\_\_\_\_  
Signature of Witness

\*Claim number to be established by the Compensation Board