

**RELEASE OF LIABILITY**

MV3041 2/2009 Ch. 344 Wis. Stats.

Wisconsin Department of Transportation  
Uninsured Motorist Unit  
PO Box 7983  
Madison WI 53707-7983

File No. SR –

Uninsured DRIVER Name and Address	
Uninsured OWNER Name and Address	
Accident Location	Accident Date

The undersigned, for valuable consideration between the parties, receipt of which is acknowledged, does release and forever discharge the uninsured driver and uninsured owner identified above, from any and all claims or causes of action which the undersigned now has or may have because of the motor vehicle accident which occurred at the location and on the date given above.

It is understood and agreed that this settlement may be a compromise of a doubtful and disputed claim and that the consideration exchanged is not to be construed as an admission of liability on the part of the parties released.

It is also understood that this release discharges all liability between the undersigned and the parties named only. The parties expressly reserve the right to pursue other claims or causes of action against all others who are or may be liable in the above accident.

**RELEASING PARTIES**

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

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

\_\_\_\_\_  
(Name of Insured)

\_\_\_\_\_  
(Insurance Company Name – If Applicable)

\_\_\_\_\_  
(Insurance Company Representative Signature) (Date)

\_\_\_\_\_  
(Print or Type Name of Releasing Party)

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

\_\_\_\_\_  
(Print or Type Name of Releasing Party)

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

\_\_\_\_\_  
(Date)

State of \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ County )

On the above date, this instrument was acknowledged before me by the named person(s).

\_\_\_\_\_  
(Signature, Notary Public)

\_\_\_\_\_  
(Print or Type Name, Notary Public)

\_\_\_\_\_  
(Date Commission Expires)

**This release must be witnessed OR notarized.**