

RE: CLAIM OF: VIRGINIA BRENNANNUMBER: BRE-0823099142-01COMPLETE RELEASE  
AND SETTLEMENT OF CLAIM

FOR THE CONSIDERATION OF THIRTY FIVE THOUSAND DOLLARS & 00/XX (\$35,000.00), the receipt of which sum is hereby acknowledged, the undersigned hereby release, acquit, and forever discharge BROWARD COUNTY, a political subdivision of the State of Florida, the Board of County Commissioners of said County, and any and all officers, agents, servants, and employees, and their successors and assigns, heirs, executors, and administrators, (collectively referred to as Releasees) from any and all actions, causes of action, claims, demands, damages, costs, loss of service, expenses and compensation, which are now known, or may hereafter become known, on account of, or arising out of any matter or thing which has happened, developed, or occurred, before the signing of this Release, and particularly, but not in limitation of any of the foregoing general terms, because of the accident, casualty, or event, which occurred on or about the Sunday, August 23, 2009 at or near NORTH BEACH PARK in HOLLYWOOD, BROWARD COUNTY, FL for which injury or injuries and/or damages to property the undersigned claim the above-described party or parties to be legally liable, which liability was and is expressly denied.

It is hereby declared and represented that the injuries then sustained may be permanent and progressive, and that the recovery there from is uncertain and indefinite, and that all of the injuries, damages, and losses may not now be fully known to the undersigned, and may be more numerous or more serious than now expected, and in making this Release and Settlement, it is understood and agreed that the judgment of the undersigned as to the future development, progress, and result of said injuries has been the sole determinant, and no influence to any extent whatever in making this Release and Settlement has been exerted by any representations, or statements regarding said injuries, or the legal liability therefore, or regarding any other matters made by the party or parties, or by any physician or surgeon employed by such party or parties, and that the above-mentioned sum is accepted by the undersigned in full settlement and satisfaction of all claims or demands whatsoever, for injuries known, and unknown.

It is further understood and agreed by the undersigned that this Settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released by whom liability is expressly denied.

The undersigned further represents that any and all hospital bills, doctors' bills, subrogation liens, and all other expenses and liens relating to the injuries and damages claimed herein have been satisfied by the undersigned or will be satisfied by the undersigned from the proceeds of this settlement and the undersigned does hereby hold the Releasees harmless with respect to all such bills, expenses and liens, and agrees to indemnify and defend Releasees from any such claims. The undersigned also agree that Broward County, Florida, shall have jurisdiction over any lawsuits resulting from this Release.

The parties agree that in the event the undersigned claimant, becomes eligible for Social Security disability and/or Medicare benefits prior to final payment of claim, or applies for Social Security disability benefits as a result of this accident, CMS approval shall be required and the claimant shall be responsible for self-administering the medical set aside amount.

Initials: VSB

It is further declared and represented that no promise or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual, and not a mere recital.

It is further stated that the undersigned attained eighteen (18) years of age on or before this date; that the undersigned read the foregoing Release and Settlement and know the contents thereof, and sign it as a free act.

IN WITNESS WHEREOF, on this 23 day of May, 2014 at \_\_\_\_\_  
are set the hand of:

(Signed) Virginia Brennan  
(Printed) VIRGINIA BRENNAN  
Residing at \_\_\_\_\_

Signed and delivered in the Presence of:

WITNESS

John Sauter

(Signed) John Sauter  
(Printed) John Sauter  
Residing at Reston VA

WITNESS

RAC

STATE OF ~~FLORIDA~~ VA  
COUNTY OF Fairfax SS.

On the date of the execution of this Complete Release and Settlement of Claim appeared Virginia Brennan, to me known to be the person(s) who executed the foregoing instrument, and who acknowledged voluntary execution of the same.

Asha Sirohi  
Notary Public

My commission expires:  
May 31st 2016



**Asha Sirohi**  
**Notary Public 244821**  
**Commonwealth of Virginia**  
**My Commission Expires May 31, 2016**

Initials: AG