



## **CITY OF COTTONWOOD EMPLOYEE LIABILITY CLAIMS RELEASE FORM**

I, (Employee's Name): \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, hereby release the City of Cottonwood, its officers, employees, officials and agents acting in their official capacity from all released claims in connection with my employment with the City of Cottonwood.

“Released Claim” means any and all claims, demands causes of action, actions, rights, liabilities, contract obligations, damages, attorney’s fees, costs, torts, suits, at law or in equity or otherwise, whether direct or indirect and include, without limitation, all claims alleged or that could have been alleged arising out of your employment with the City of Cottonwood.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_