

RELEASE OF ALL CLAIMS

FOR AND IN CONSIDERATION of the sum of **Thirty Five Thousand Dollars and 00/100 (\$35,000.00)** [redacted]

the receipt of which is hereby acknowledged, the undersigned, being of lawful age, does hereby release, acquit, and forever discharge, Spokane County, its officers, agents, employees, and insurers of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation, and all incidental and consequential damages on account of, or in anyway growing out of, any and all known and UNKNOWN personal injuries and/or property damage related to the accident(s) or incident(s) that occurred on or about in the vicinity of, **Spokane County Jail, Spokane County, WA.** entitled, **Enoc Arroyo vs Sheriff's, Spokane County Claim # 10-0046.** The undersigned hereby declares and represents that this is a full and final settlement of any and all claims filed by the above and acknowledges that any injuries sustained are/or maybe permanent, progressive, and that recovery there from is uncertain and indefinite. It is understood and agreed that the undersigned have relied wholly upon his/her own judgment, belief and knowledge of the nature, extent, and duration of said injuries, and that they have not been influenced to make this release by any representations or statements by those who are hereby released, or by any person(s) or agent(s) employed by Spokane County.

It is further understood and agreed that this settlement is a compromise of a doubtful and disputed claim, and that this payment shall not be construed as an admission of liability by Spokane County or any of its officers, agents, or employees, by whom liability is expressly denied. The undersigned agree that this release shall be binding upon and inure to the benefit of the undersigned's heirs, legal representatives, and assigns. The undersigned further agrees to hold harmless and indemnify those released herein from any subrogated claims by insurers, health care providers, including specifically any and all repayment obligations owed to Medicare, Medicaid or SCHIP, or any other party that could assert a subrogation claim through the undersigned for payment made on account of the injuries or damages referenced herein.

This release contains the ENTIRE AGREEMENT between the parties and the terms of this release are contractual and not a mere recital. By signing this release, the undersigned acknowledge that they have entered into this release as a free and voluntary act and, before doing so, have been fully informed of and understand the contents of this release.

CAUTION! READ BEFORE SIGNING

WITNESS: [Signature]  
(Present) Brian L. Beggs

DATED THIS 3rd day of June, 2010.  
[Signature]  
Enoc Arroyo

SUBSCRIBED AND SWORN to me before this 3rd day of June, 2010

NOTARY PUBLIC in and for the State of Washington, residing in Spokane.  
[Signature]  
My commission expires: 7/24/10

\*(If the release is acknowledged before a Notary Public, no witness' signature is necessary.)

Please return this form to: **Spokane County Risk Management**  
**1033 W. Gardner**  
**Spokane, WA 99260-0230**