

AUTO MEDIC

Wrecker & Towing

25700 State Hwy 59 Loxley, AL 36551 Office Number: (251)986-9968

Email Address: automedicwrecker@gmail.com

HOLD HARMLESS FORM

This is to certify that I _____ am the Registered Owner/Titleholder/Lienholder of the Vehicle listed below which is presently stored at one of Auto Medic Wrecker & Towing's locations.

VIN #: _____

YEAR: _____

MAKE: _____

MODEL: _____

TAG NUMBER: _____

This letter is authorization to release the above-described vehicle and its contents to: _____

Whose current address is _____

whom I appoint as my agent. I understand that by authorizing the release of this vehicle and its contents to the above-named individual, I thereby relieve Auto Medic Wrecker & Towing and its agents, officers, and employees from the responsibility and liability for any and all claims, actions, demands, and damages, that might arise as a result of the release of this vehicle and its contents to the above-named individual.

(Signature of Owner/Titleholder/Lienholder)