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Release Form

I understand and agree that the sole purpose of this program is to help reduce the incidence of injuries and fatalities due to lack of car seat use or improper car seat installation. This program cannot fully evaluate the quality, safety or condition of any car seat provided or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision.

I understand that it is required for me to meet with a licensed Car Seat Technician prior to taking possession of my new car seat. I also understand that it is vitally important to read and follow the instruction manuals for both the vehicle and the car seat. For these reasons, I hereby release Healthy Mothers, Healthy Babies, The Montana Coalition, Inc. and _____ from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Signature: _____ **Date:** _____

Print Name: _____

Witness:

Signature: _____ **Date:** _____

Print Name: _____