Release Form

This crib is being provided to me at no charge; this crib meets the Child Consumer Product Safety Commission standards; and this program, program organizers, County Health Department and employees, and other implementing organizations cannot fully guarantee my child’s safety in this crib.

I understand that:
1. The safest place for babies to sleep is in their own crib in their parent’s room and the safest position is on their back.
2. I also understand that exposure to cigarette smoke increases my baby’s risk of Sudden Infant Death Syndrome.

Therefore:
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 the use of this crib.

Signature:_________________________________________ Date:______________

Printed Name:_____________________________________

Relationship to Infant:_____________________________

Witness:

Signature:_________________________________________ Date:______________

Printed Name:_____________________________________
