



**Healthy Mothers,
Healthy Babies**
The Montana Coalition



318-20 N. Last Chance Gulch, Ste. 2C
Helena, MT 59601
406-449-8611

hmhb@hmhb-mt.org
www.hmhb-mt.org

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: _____