



Car Seat Order and Release Form

Always feel free to contact us with any questions or concerns!
hmhb@hmhb-mt.org or (406)-449-8611

Order Information

(Please also complete the Release section for all orders.)

Date: _____

Child's Name: _____ Due Date or DOB: _____

Car Seat Type: *(circle)* Convertible Booster Child's Weight: _____

Caregiver/Guardian's Name: _____

County/ Reservation: _____

Program name: _____

Agency: _____

Program contact name: _____

Contact Phone: _____ Contact Email: _____

Shipping Address: _____

Remarks: *(A quick comment on how this program will help this family assists us greatly in fundraising. We always de-identify the information shared).*

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 _____ (presenting agency) from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.

Recipient:

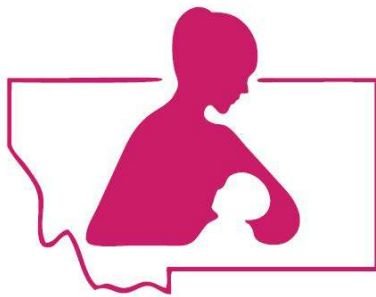
Signature: _____ **Date:** _____

Print Name: _____

Witness:

Signature: _____ **Date:** _____

Print Name: _____



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

Please email orders to:

hmhb@hmhb-mt.org

Or mail orders to:

HMHB

318-20 N. Last Chance Gulch, Ste. 2C

Helena, MT 59601

Thank you for all of your good work!