



SafeSeat & SafeSleep Acknowledgment of Receipt and Release Form

By signing below, I acknowledge receipt of the following item(s) free of charge. (Check the box for each item received, or write in a number if you are receiving more than one.)

- | | | | |
|--------------------------|------------------------------|--------------------------|---|
| <input type="checkbox"/> | Car seat | <input type="checkbox"/> | Pack ‘n Play style crib |
| <input type="checkbox"/> | Other (describe here): _____ | <input type="checkbox"/> | Packaged crib sheet(s) |
| | _____ | <input type="checkbox"/> | Print materials about safe sleep & health resources |
| | _____ | | |
| | _____ | | |

If I am receiving a car seat, by signing below, I acknowledge I:

- am meeting with a certified passenger safety technician/seat installer to assist in seat installation (or, if there is no certified installer in my geographic area, I have been able to view a video regarding proper installation);
- agree to engage in safe practices while driving, such as following traffic laws; and
- agree to read and follow instruction manuals for both the seat and my vehicle.

If I am receiving a “crib kit” including a Pack ‘n Play, crib sheets, and print materials, by signing below, I acknowledge I understand:

- the safest place for a baby to sleep is in their own crib in a parent’s room;
- the safest position for a baby to sleep is on their back; and
- exposure to cigarette smoke increases a baby’s risk of Sudden Infant Death Syndrome.

By signing this form, I further acknowledge I:

- have received the item(s) as indicated on this form free of charge;
- am an individual or member of a family in financial need of the item(s);
- had the opportunity to review any information and education materials provided;
- understand this program cannot fully evaluate the quality, safety or condition of any item provided and cannot guarantee the child’s safety with respect to any item; and
- release Healthy Mothers, Healthy Babies, The Montana Coalition, Inc. and the organization I am working with, _____, from any present or future liability for any injury or damages relating to the item(s) or materials I have received, the use of the items or materials, or any referrals made.

Recipient signature: _____ Date: _____

Printed name: _____

Witness signature: _____ Witness Name: _____

Partner program representative: Please keep a copy of this completed form for audit purposes in any manner by which you will be able to find the signed form on request. If you have any questions, please email hmhb@hmhb-mt.org or call 406-449-8611. Thank you!

Form adopted 4/27/23 Case/File No. (for program use): _____