

## Release From Liability

I (we) release the following person from all claims or liability as a result of the motor vehicle accident shown below. This release satisfies the requirements of the Financial Responsibility Act §42-7-301, C.R.S.

FR Case Number
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Date of Accident			
Name of Person Released from Liability		Driver's License Number	Date of Birth
Address		City	State ZIP

**Names of other person(s) involved in this accident having injuries or property damage.**

<b>1.</b>	Name			
	Address	City	State	ZIP
<b>2.</b>	Name			
	Address	City	State	ZIP
<b>3.</b>	Name			
	Address	City	State	ZIP

**Signatures**

No. 1	Date
No. 2	Date
No. 3	Date
Signature of Parent or Guardian of Minor	Date

<b>Seal</b>	Subscribed and affirmed, or sworn to, before me this _____ day of _____, 20____  in the County of _____, State of _____.
	Notary Signature
	Commission Expiration Date