

Release From Liability

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

Date of Crash (MM/DD/YYYY) Name of Person Released from Liability

Driver's License Number Date of Birth (MM/DD/YYYY)

Street Address

City State ZIP Code

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

1. Name

Street Address

City State ZIP Code

2. Name

Street Address

City State ZIP Code

3. Name

Street Address

City State ZIP Code

