

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

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.

1.	Name		
	Address	City	State ZIP
2.	Name		
	Address	City	State ZIP
3.	Name		
	Address	City	State ZIP

Signatures

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

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