

l,	hereby forever release and discharge,				
any h	eirs, executors, administrators, and all firr	ms, corporations, and pers	ons on their behalf liable, from al	I claims, demands, damages,	
action	s, or causes of action arising from or gro	wing out of, any and all pe	rsonal injuries and property dam	age, now apparent as well as	
those	which may hereafter develop as a direct	or indirect result of a collis	ion which occurred/(MN	/, at or near ////////////////////////////////////	
d)	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.				
Signature	Printed Name of Person Giving Release				
	Signature		Date (MM/DD/YYYY)		
0,					
	Embosser or black ink rubber stamp seal Subscribed and sworn before me, this				
Notary Required			day of year		
		State	County (or City of St. Louis)	My Commission Expires	
ary F		Notary Public Signature			
Not		Notary Public Name (Typed or Printed)			
		reduity i dolle realite (Typed of Filmed)			
Additi	onal Release of Parent or Guardian For I	njuries to Minor Child			
I, _	I,, state that I am the parent or guardian of,				
a minor under 18 years of age, and that the above release is made at my request and that I make this release for said minor child,					
and that I agree to hold harmless any person against any action, claim or demand for said minor child or any other person for					
injuries or damages to said minor child.					
ا و ا	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.  Printed Name of Person Giving Release				
nature	Thing rains of a disting resease				
Sign	Signature		Date (MM/DD/YYYY)		
			/		
Notary Required	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this			
			day of	year	
		State	County (or City of St. Louis)	My Commission Expires	
		Notary Public Signature			
lotar					
- 2		Notary Public Name (Typed or Printed)			
				<b>.</b>	
	D: 1: D			Form 237 (Revised 06-2013)	

Mail to: Driver License Bureau

301 West High Street - Room 470

P.O. Box 200

Jefferson City, MO 65105-0200

Phone: (573) 751-7195
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov

Form 237 (Revised 06-2013)

Visit **dor.mo.gov/drivers/** for additional information.

**Ever served on active duty in the United States Armed Forces?** If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at

Case Number

veteranbenefits.mo.gov/state-benefits/.