

MVID # _____
OR
WY DL # _____

ACCIDENT RELEASE

Instructions:

- *Print clearly and legibly.*
- *Must be signed in the presence of a Driver License Examiner or Notary Public.*



I, _____, hereby release, _____, from all liability, claims for damages, or any other claims arising out of or from the motor vehicle accident which occurred on the _____ day of _____, 20____, in _____ County, Wyoming.

I hereby state that I have read this release, know the contents thereof and have signed same relying on my own judgment and on no representations of others, and of my own free will and accord this _____ day of _____, 20____.

SIGNATURE OF VEHICLE OWNER	AND/OR	SIGNATURE OF INJURED PARTY (if minor, a parent or guardian must sign below)
OR		PARENT OR LEGAL GUARDIAN
SIGNATURE OF INSURANCE REPRESENTATIVE		(check one) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN
ON BEHALF OF (name of insured)		

DRIVER LICENSE EXAMINER SIGNATURE	DATE	
NOTARY PUBLIC		
Subscribed and sworn to before me by _____		
this _____ day of _____, 20____,		
In the State of Wyoming, County of _____		
Signature of Notary Public _____		SEAL
My Commission expires _____		

Should you have any questions regarding this form, please contact the Customer Service Desk at 307-777-4810.

Mail to: WYDOT - Driver Services
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

OR Fax to: 307-777-3823