

AGREEMENT AND CONDITIONAL ACCIDENT RELEASE

MVID # _____ OR WY DL # _____



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

PART 1 (to be completed by person granting conditional release)		
<p>FOR AND IN CONSIDERATION OF \$ _____ DOLLARS, payable under the terms of this agreement, 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.</p> <p>HOWEVER, it is expressly understood and agreed that said release is conditional upon payment of installments, set forth herein, when due.</p> <p>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_____.</p>		
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	SEAL
<p>NOTARY PUBLIC Subscribed and sworn to before me by _____ this _____ day of _____, 20 _____, In the State of Wyoming, County of _____ Signature of Notary Public _____ My Commission expires _____</p>		

PART 2 (to be completed by person being released)		
<p>For this release, I promise to pay _____ the sum of \$ _____ DOLLARS, payable in installments as follows: _____</p> <p>HOWEVER, it is expressly understood and agreed that said release is conditional upon payment of installments, set forth herein, when due. Failure to pay any of said installments when due shall render the whole of said indebtedness due and payable at the option of the holder of this note.</p> <p>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_____.</p>		
DATE OF BIRTH	PRINT NAME	SIGNATURE
DRIVER LICENSE EXAMINER SIGNATURE	DATE	SEAL
<p>NOTARY PUBLIC Subscribed and sworn to before me by _____ this _____ day of _____, 20 _____, In the State of Wyoming, County of _____ Signature of Notary Public _____ My Commission expires _____</p>		

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