

	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
ure	Printed Name of Person Giving Release		
nat			
Sig	Signature	Date (MM/DD/YYYY)	
		//	

	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
7		day of		year
iirea		State	County (or City of St. Louis)	My Commission Expires
Required				
Σ		Notary Public Signature		
Notary				
z		Notary Public Name (Typed or Printed)		

Additional Release of Parent or Guardian For Injuries to Minor Child

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.

	Jnder penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.				
ature	Printed Name of Person Giving Release				
Sign	Signature		Date (MM/DD/YYYY)		
			//		
	Embosser or black ink rubber stamp seal	Subscribed and sworn befor	e me, this		
-		day of		year	
red		State	County (or City of St. Louis)	My Commission Expires	

Require		State	County (or City of St. Louis)	My Commission Expires
Notary F		Notary Public Signature		
		Notary Public Name (Typed or Printed)		

Mail to: Driver License Bureau 301 West High Street - Room 470 P.O. Box 200 Jefferson City, MO 65105-0200

Phone:(573) 751-7195Fax:(573) 526-7365Visit dor.mo.gov/drivers/ forE-mail:dlbmail@dor.mo.govadditional information.

Form 237 (Revised 06-2013)

