

# BEDTIME BASICS FOR BABIES

## Receipt, Release & Waiver of Liability

Name of Distributing Agency: \_\_\_\_\_

Name of Staff: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

### RECEIVING THE DONATION

- I have received a Bedtime Basics Kit (one infant portable crib, sheet, wearable blanket, pacifier and safe sleep instructions).
- I acknowledge that I received the Bedtime Basics Kit by my own choice.

### LEARNING TO KEEP THE BABY SAFE

- I have received education on the safest way and place to put the baby to sleep. I understand these recommendations to help keep the baby safe.
- I understand the portable crib should be used only for putting the baby to sleep alone and on his/her back. I understand that I should use the portable crib properly.
- I understand not to put loose, soft or fluffy blankets, toys or other items in the portable crib.

### USING THE PORTABLE CRIB

- I understand that I should only use the portable crib's bassinette only until the baby is 15 pounds or if the baby can push up on his/her hands and knees.
- I understand that after that time, I may use the portable crib without the bassinette until the baby is 30 pounds.
- I understand that I should follow all of the other manufacturing guidelines as outlined in the instruction manual which comes with the portable crib.

### AFTER THE BABY OUTGROWS THE PORTABLE CRIB

- I understand that I may not return the portable crib to this agency or a store, and I cannot sell the portable crib to someone else.
- I may choose to give the portable crib to a family member or friend when the baby outgrows it.
- I understand that this agency is not responsible for any changes or damages done to the portable crib.
- I understand that this agency is not responsible for any misunderstandings on how to safely use the portable crib by anyone who may use this portable crib in the future for another baby.

**RELEASE AND WAIVER**

I understand that by accepting the Bedtime Basics Kit from Sudden Infant Death Syndrome Alliance, Inc. (doing business as First Candle), I agree that I will have no claim against First Candle or others acting on their behalf for any loss or damage, including personal injury or death, that relates to the safe sleep instructions or the Bedtime Basics Kit.

**INDEMNITY**

I further agree that I will hold First Candle or others acting on their behalf harmless for any claims or costs that relate to the safe sleep instructions or the Bedtime Basics Kit.

**SIGNATURES**

Transmission by fax machine or any other form of electronic communication of a signed copy of this document is valid.

By signing this form I am saying that the agency staff gave me the Bedtime Basics Kit and I agree to everything listed above. I am over the age of 18. I have read and understand this entire form and intend to follow the law and hold to this agreement.

Parent, Emancipated Minor or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Acknowledged:

Distributing Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MINORS**

I am the parent or guardian of the un-emancipated minor named above and have the legal authority to enter into this agreement on behalf of myself and the recipient of the Bedtime Basics Kit. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, by signing this form I am saying that the agency staff gave the recipient the Bedtime Basics Kit, and we agree to the terms and conditions listed above. I have read this entire form and intend to follow the law and hold myself and the minor to this agreement.

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_