

Donation \$ _____

Corporate Membership
Please call 303.293.2126

RELEASE OF LIABILITY

I hereby understand that when my family and/or I participate in Single Mothers of Color, Inc., events and activities; I/we do so in a manner, that will not pose a threat to the safety of my family, others or myself. In the event of injury to me and or my family, I hereby release Single Mothers of Color, Inc., of any liability.

SIGNATURE: _____ DATE: _____

Please make checks and money orders payable to **SMOC, INC.**, and mail to:
SMOC, INC., PO Box 40983, Denver, Colorado, 80204-0983