Montana Mental Health Nursing Care Center

Off-Campus Release Agreement

I hereby release Montana Mental Health Nursing Care Center, the Superintendent and the State of Montana, from all liability whatsoever in connection with my taking _____ off the grounds of the Montana Mental Health Nursing Care Center. I further declare that I have adequate liability insurance to cover any and all hospital, doctor or medical bills that may arise out of any accident which might occur to said resident while in my care. Furthermore, I have been thoroughly instructed regarding administration of any medications that may be entrusted to me.

Date	***Signature/Responsible Person***	***Employee Signature***	***Time***