

SAFE KIDS WORLDWIDE

CHILD PASSENGER SAFETY/ CAR SEAT INSPECTION PROGRAM

CONSENT TO PARTICIPATE AND WAIVER OF LIABILITY

I understand and agree that the sole purpose of this program is to help reduce the incidence of improper child safety seat installation: that this inspection is being provided as a free educational service to me: that this service cannot fully evaluate the quality, safety or condition of the child safety seat, any child safety seat provided or any component of the vehicle, including the seats or safety belt: and this program cannot guarantee my child's safety in a vehicle collision. I understand that it is important to read and follow the instruction manuals for both the vehicle and the car seat.

For these reasons, I hereby release The Twp. of East Hanover, East Hanover Police Department and their respective officers, trustees, employees, agents, independent contractors, volunteers and all other program participants from any present or future liability for any injuries or damages that may result either on-site during the administration of this program, from a vehicle collision or otherwise.

I further understand that I am waiving any claim that I may have against The Twp. of East Hanover, East Hanover Police Department and their respective officers, trustees, employees, agents, independent contractors, volunteers and all other program participants arising from and relating to my participation in this program:

Date _____

Print Name

Witness Name

Signature

Witness Signature

Registration:

Car Seat Registered: Yes No

Registered at: Home

On site

If seat(s) was registered on site: Total Number _____