

**Car Seat Application/Release Form**

|                |        |                                      |          |
|----------------|--------|--------------------------------------|----------|
| Organization   |        |                                      |          |
| Child's Name   |        | Date                                 |          |
| Street Address |        | Age ____ / Weight ____ / Height ____ |          |
| City           | County | State                                | Zip Code |
| Phone          | DOB    | Sex                                  | Race     |

Name of Parent or Legal Guardian Accepting Car Seat  
 Print Name \_\_\_\_\_

**Agreement: Release of Liability**

I am the parent/legal guardian of the above named child and understand that this child restraint system is provided as a public service in the interest of safety. I have been given the manufacturer's and supplemental instructions regarding use and installation of this child restraint. A program representative (or cps trained staff member) has demonstrated basic car seat safety and given car seat checkpoint information for my community. I also agree that if this child restraint system is involved in a motor vehicle crash, I will return it to this distribution site immediately or have the seat destroyed. I understand that this organization is not a manufacturer or dealer in child restraint systems and makes no warranty, expressed or implied, as to the fitness of this child restraint system. I further understand that this organization will assume no responsibility for the consequences (including injury) of proper or improper use of the child restraint system. I agree to forever refrain from instituting, pressing, or in any way assisting any claim, demand, action, or cause of action against this organization and its employees, agents, or volunteers for any injuries, damages, costs, loss of services growing out of, or which hereafter may grow out of the installation, use, or malfunction of the child restraint system.

*I certify by my signature that I have read the above and have been provided information regarding child restraint systems.*

Signature of Parent/Legal Guardian

Date

Staff Name/ Title

Date

**Type Child Restraint System**

Check one:

Newborn

Infant

Infant Convertible/ Toddler

Booster low back

Booster high back

Booster (5 point harness)

Date of manufacturer \_\_\_\_\_

Model # \_\_\_\_\_