

NATIONAL DIGITAL CAR SEAT CHECK FORM SIGN IN

Date	Online Form ID #	
First Name	Last Name	
Mailing Address		
City	State	Zip
Phone Number	Email address	
Child #1 Name	Child #3 Name	
Child #2 Name	Child #4 Name	
Liability Statement: I understand and agree that the sole purpose of this program is to help reduce the incidence of improper installation and use of car seats, booster seats and seat belts, and that this inspection and demonstration is being provided as a free educational service to me. I realize that the program sponsors and certified child passenger safety technicians inspecting the seat(s) cannot fully evaluate the quality, safety, or condition of my car seat, booster seat, or the vehicle seat, safety belts, or any component of the vehicle now or in the future. Furthermore, I understand that the actions taken in this program will not guarantee my child's safety in a motor vehicle crash. 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 any program participants and any participating organizations or individuals, including the site owner, from any present or future liability for any injuries or damages that may result from a vehicle collision or otherwise.		
Signature:		

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