

## CHILD SAFETY SEAT AGREEMENT

I understand that the child safety seat provided by the \_\_\_\_\_ Ride Safe Program is done as a public service in the interest of injury prevention, and that the \_\_\_\_\_ does not sell the seats for a profit and makes no expressed or implied warranties as to the fitness of the safety seats.

I understand the correct way to secure a child safety seat in my vehicle.

I understand that it is important to use the child safety seat correctly on every ride and the failure to do so means that my child will not be properly protected.

I state that I will not sue the \_\_\_\_\_, its agencies or political subdivisions nor permit anyone to sue on my behalf for damages or injuries caused by the use of the child safety seat.

If I am involved in a car crash while the child safety seat is in use, I will return the safety seat for a replacement.

When the seat is over 6 years old, I will dispose of the safety seat. I also agree not to sell, trade or give this safety seat away. This agreement is binding upon heirs, successor or assigns.

TYPE OF SAFETY SEAT PROVIDED	NUMBER OF SAFETY SEATS PROVIDED	CHILD SAFETY SEAT RECIPIENT'S NAME
Convertible		
Combination - High Back Booster with 5-pt. Harness		
High Back Booster		
Low Back Booster belt positioning		

**DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parents' Name:** \_\_\_\_\_

**Parents' Address:** \_\_\_\_\_

**Parents' phone Number (\_\_\_\_) \_\_\_\_\_**

***PARENTS' SIGNATURE:***

\_\_\_\_\_

\_\_\_\_\_  
***SIGNATURE OF HEAD START REPRESENTATIVE:***