



Swansea Police Department

1700 GAR Highway
Swansea, MA 02777
508-674-8464



Child Passenger Seat Installation Form

Caregiver Name: _____ License Number _____

Address: _____ City: _____ State: _____

Vehicle Registration: _____ Year: _____ Make: _____ Model: _____

Child's Name: _____ Age: _____ Weight: _____ Height: _____

Is child present during installation? Yes No

Release of Liability Statement

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of car seats; that this car seat inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the car seat, or any component of my vehicle, including the seats or safety belts; this program cannot guarantee the child fits in the harness/child passenger seat without the child being present during installation; and that this program cannot guarantee my child's safety in a vehicle collision. I understand that on occasion a great deal of force must be used to properly secure the child safety seat into the vehicle which could cause damage(s) to my vehicle and/or contents therein. I hereby indemnify and save harmless the Town of Swansea, MA and Swansea Police Department, its officers and employees from and against any and all claims, demands, action suits and proceedings by others; against all liability to others, including but not limited to any liability for damages or injuries by reasons involving improper use and installation of the child safety seats or any other cause of action whatsoever.

I have read and understand the above liability waiver. I understand that this program is done for safety and educational purposes and the Swansea Police Department does not in any way guarantee, or warranty, the safety of this child seat. Technicians reserve the right to refuse installation of child passenger seats at their discretion. I agree by accepting the safety seat, or inspection, that I will not bring a claim against the Swansea Police Department if any injury results.

Signature: _____

Date: _____

Child Passenger Seat Information

(to be completed by CPS technician)

Manufacturer: _____ Model Name: _____

Model Number: _____ Date of Manufacture: _____

Install Notes and Comments

(to be completed by CPS technician)

Installation Location by CPS Technician:

D Driver		

Child Seat was installed using (check all that apply):

Seat belt Lower anchors Tether Rear-facing Forward-facing Not installed

Comments:

By signing below I acknowledge that I have participated in and received education, instruction, and training from the child passenger seat technicians regarding the proper installation, use, safety and operation. I certify that I have inspected the child passenger safety seat and am satisfied with the installation.

Signature: _____

Date: _____

CPS Technician: _____

Date: _____

CPS Technician: _____

Date: _____