VIRGINIA DEPARTMENT OF HEALTH
WAIVER OF LIABILITY

Revised January 2019

I / We (Print Your Name) _____ understand that the training the training on proper use and installation of child safety seats provided to me today is done as a public service in the interest of community safety.

The sponsoring organizations will not guarantee that any child safety restraint provided to me or used in the training is free of manufacturer defects. Any claims against manufacturer defects shall be subject to and limited by the manufacturer's warranty and any other remedies against the manufacturer or supplier available under the Uniform Commercial Code.

I understand that to have full protective benefit of a child safety restraint, an infant or child must be properly secured in the child safety restraint and the child safety restraint must be attached to the vehicle in accordance with the manufacturer's instructions and vehicle manufacture's instructions.

I agree to hold harmless the Commonwealth of Virginia, sponsoring organizations and volunteers from any and all liability and damages for injuries including death arising from or growing out of the child safety seat itself, the information received today pertaining to child occupant protection, the means and manner of installation, the operation of the vehicle or vehicles of others, and any other acts or omissions that may result in harm to person or property.

Applicant Signature: _____ Date: ___/____/___

I understand that as a proxy, I am responsible for relaying the educational information to the applicant.
Proxy Signature: _____ Date: ___/____/___

I understand best practice according to the American Academy of Pediatrics recommend keeping a child rear-facing for as long as the safety seat allows, a child in a forward-facing seat with harnesses for as long as the seat allows, and to use a booster seat for as long as the booster seat allows.
Applicant/Proxy Initials: Yes_____ No_____

I understand best practice warns against the use of second-hand seats. In an effort to protect other children from injury that may be caused by use of a second-hand seat, clients are not allowed to sell any seat issued to them by this program. Violation of this policy may require clients to reimburse the program for the cost of the safety seat.
Applicant/Proxy Initials: Yes_____ No_____

For Use By Program Staff Only

Type of Restraint Issued and Positioning of Restraint:

____ ***Titan65***: ____ *RF* or ____ ***Maestro Booster***
____ *FF* *Lap and Shoulder Belt present in vehicle:* ____ *Yes* ____ *No*
(If no, document recommendations or warnings shared with client)

Client viewed training video and received classroom training and client:
_____ *received restraint hands-on installation training in a vehicle or with a simulator.*
_____ *did not receive hands-on installation training in a vehicle or with a simulator.*
*If client did not receive hands-on installation training, state name of agency or certified technician where client was referred to for assistance with installation*_____

Reason why hands-on installation training was not provided:
_____ *Inclement Weather* _____ *Vehicle Not Available* *Other Reason:*_____

Installation and Education Notations:_____
_____
_____

Brochure and/or Handouts Given to Recipient: _____ *Yes* _____ *No*

Print Name of Site Educator: _____

Signature of Educator: _____ ***Date:*** ____/_____/_____