



Lewis County Opportunities, Inc.

Scott Mathys, Chief Executive Officer

8265 State Rte. 812, Lowville, NY 13367 • Telephone: (315) 376-8202 • Fax: (315) 376-8421 • www.lewiscountyopportunities.com

WAIVER OF LIABILITY – CHILD SAFETY SEATS

I understand and agree that this child safety seat is provided by Lewis County Opportunities, Inc., as a public service in the interest of safety. I further understand that Opportunities is not a dealer in child safety seats or agents for any manufacturer or distributor of this child safety seat. Opportunities (or agent thereof), make no expressed or implied warranties as to the fitness or merchantability of this child safety seat, and assume no responsibility for the consequences of proper or improper use of same.

In consideration of the undersigned receiving a child seat as part of the Child Safety Seat Distribution Project, I agree to forever refrain from instituting, pressing, or in any way assisting or arising any claim, demand, action or cause of action because Opportunities and the employees, agents, and volunteers of any of them, for any injuries, damages, costs, loss of services growing out of, or which hereafter may grow out of the use of the child safety seat or services provided. The undersigned hereby releases Opportunities and the employees, agents and volunteers of any of them from losses and liabilities attributable to the negligent acts or omissions of Opportunities and their employees, agents and volunteers arising – out of, occasioned by or in connection with the Child Safety Seat Distribution Project.

- ☐ I understand why it is important to use the child safety seat correctly.
- ☐ I understand how to correctly strap my child into the child safety seat.
- ☐ I understand how to correctly strap the child safety seat into my car.
- ☐ I have inspected the child safety seat. All parts are in working order.

I understand, agree and acknowledge that it is my obligation to install and secure said child safety seat properly each time it is used. I further acknowledge if the said child safety seat is involved in a motor vehicle crash, I shall return it to the distribution site immediately.

I acknowledge that I have received and understand the child safety seat manufacturer's instructions and the education provided at the child safety seat distribution site. This education included an installation demonstration of the child safety seat.

Signature of Recipient

Date

Signature of Opportunities Representative

CSS Model #



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*Lewis County Opportunities, Inc., is a Community Action Agency dedicated to working together with those in need.
Our employees, Board members, and volunteers use a compassionate and respectful approach to promote a higher quality of life in our community.*

