

Car Seat Recipient Release Form

Please Print



Parent's Name: _____ UCare ID: _____ DOB: ____/____/____

Child's Name: _____ UCare ID: _____ DOB: ____/____/____

Address: _____ City: _____ State: MN Zip Code: _____

Car Seat Manufacturer/Model Name: _____ Model #: _____

Date of Seat Manufacture: ____/____/____

**Recipient
Initial**

Please initial each statement below.

_____ I have been instructed and I understand how to put a child in the car seat correctly according to the manufacturer's directions.

_____ I have been instructed and I understand how to put the car seat in the vehicle correctly according to the manufacturer's instructions. I understand how to use a locking clip and how to tell when one is needed.

_____ I understand the importance of checking instructions in the owner's manuals for BOTH the car seat and the vehicle each time I install the seat in a new vehicle.

_____ I understand that it is important to use the car seat correctly on every ride. I understand that if I do not use it correctly, my child will not be safe.

_____ I have received all straps, buckles, locking clip and other items necessary for proper use of this seat as described in the manufacturer's instructions. I have found the seat to be in good condition.

_____ I have filled out the car seat registration card and understand this agency will mail it to the manufacturer so that I may be notified of any safety notices.

_____ I understand that if the car seat is in a vehicle during a crash that the seat can NOT be used again, even if it looks fine.

_____ I agree that I will not bring claim against UCare or this organization for any damages resulting from the use of this seat.

I (parent) agree to use this car seat correctly, according to the manufacturer's instruction, every time I travel with my child.

Signature of Parent: _____

Date: _____

Signature of Instructor: _____

Date: _____