

**DEPARTMENT OF POLICE**

**TOWN OF BARRINGTON**

*Incorporated 1722*

**P.O. Box 617**

**Barrington, NH 03825-0617**

**RICHARD P. CONWAY**  
*Chief*

**Dispatch: 603-664-2700**

**Business: 603-664-7679**

**FAX: 603-664-5024**

**Emergency: 911**

**Release of Liability Statement**

**Car Seat Inspection and/or CSS Provided**

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; and that this program cannot guarantee my child's safety in a vehicle collision. I hereby indemnify and save harmless the Town of Barrington, NH and Barrington 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 of the child safety seats or any other cause of action whatsoever.

**Informed Consent CPS Program**

I have read and understand the above liability waiver. I understand that this program is done for safety and educational purposes and the Barrington Police Department does not in any way guarantee, or warranty, the safety of this child seat. I agree by accepting the safety seat, or inspection, that I will not bring a claim against the Barrington Police Department if any injury results.

Therefore, I \_\_\_\_\_, hereby release \_\_\_\_\_  
(Print Name) (CPS Technician Name)

and the Town of Barrington, NH and Barrington Police Department from all liabilities involved.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of CPS Technician)

\_\_\_\_\_  
(Date)