



MURFREESBORO POLICE DEPARTMENT
CHILD SAFETY SEAT SIGN UP FORM

NAME
STREET ADDRESS APT/SUITE
CITY/STATE/ZIP CODE

RELATIONSHIP TO CHILD
PARENT
EXPECTANT PARENT
GUARDIAN
GRANDPARENT
OTHER

VEHICLE YEAR MAKE MODEL
How many child safety seats in vehicle?
How many children in seat belts?
How old is/are your child safety seat(s)?
Have any of these seats been involved in a crash?

SCHEDULE A CHILD SAFETY SEAT CHECK
MONDAY PREFERRED TIME
TUESDAY PREFERRED TIME
WEDNESDAY PREFERRED TIME
THURSDAY PREFERRED TIME
FRIDAY PREFERRED TIME
SATURDAY PREFERRED TIME

I understand and agree that the service provided by the Murfreesboro Police Department, its child passenger safety technicians assisting said department, is for the sole purpose of aiding in the reduction of injuries suffered by children resulting from the improper installation or use of child safety seats; that this service does not completely evaluate the quality, safety and condition of the child safety seat, its components or the vehicle in which it is installed; that the responsibility of ensuring the correct installation of a child safety seat is the sole responsibility of the parent/caregiver. Therefore, I release the Murfreesboro Police Department and any technicians associated with said department of any liability, present or future, in connection with the installation or use of this child safety seat.
Signature Date: