



Child Passenger Safety Education Release, Waiver of Claim, and Indemnification Agreement

Savage Police Department and Fire Department | 6000 McColl Drive • Savage, MN 55378
952-882-2600 | Fax: 952-882-2615 | cityofsavage.com

**** Please print clearly ****

Name		Date of Birth	
Address	City	State	Zip
Phone Number			

BE IT KNOWN, that I, (“participant”) _____ on _____ being of lawful age and of sound mind, knowingly and voluntarily execute this Release, Waiver of Claim, and Indemnification Agreement (“Agreement”) whereby for myself and my heirs, administrators, executors, and assigns, and that I hereby waive and release the City of Savage, its officers, employees, agents, and assigns, including but not limited to the Savage Police Department, Savage Police Department police officers, the Savage Fire Department, and Savage Fire Department firefighters (collectively the “City”) from any and all claims, demands, rights of action, causes of action, losses, costs, or damages of whatsoever kind or nature, whether known or unknown, for any injury, death, loss or damage whatsoever, to my person, my child and/or personal property relating to or arising out of my participation in the Savage Police and Fire Departments Child Passenger Safety Education Program (“Program”), including but not limited to all services and instructions provided as a part of said Program, and including but not limited to the installation of a children’s car seat in my vehicle.

I am aware that any participation in the Program is voluntary and training presented to me during the Program cannot completely prevent, reduce, or eliminate harm to my person, any child, or other relation that may result in personal injury, death, loss, or damage to property, from a motor vehicle accident. By signing this Agreement, I hereby expressly assume the risk of such known or unknown circumstances, events, dangers, or hazards, whether reasonably foreseeable or not.

By signing this Agreement, I hereby expressly agree to indemnify, defend and hold the City harmless from any and all claims that may arise or attribute directly or indirectly to me/my heirs/or other relation in conjunction with my participation in the Program, whether or not caused by an act, omission, negligence or other fault of the City.

Signature **Date**

If under the age of 18, all living legal guardian(s) and/or parent(s) must complete the following:

I am/we are the parent(s)/legal guardian(s) of the Participant and by my/our signature, agree to be bound by and be responsible for all provisions of this Release, Waiver of Claim and Indemnification Agreement, on behalf of ourselves, the participant, and the successors, representatives, heirs, executors, assigns, and transferees of ourselves and the participant. I/we consent to the participant’s execution of this Release, Waiver of Claim and Indemnification Agreement and participation in the activities described in it.

Name	Relationship to participant
Phone Number	Signature
Name	Relationship to participant
Phone Number	Signature

Permission hereby is granted to the above-named party and whose signature is affixed to this form to participate in the Program.

Date: ____/____/____