



WINDSOR/ESSEX COUNTY
PARENT'S OF MULTIPLE BIRTHS ASSOCIATION
CAR SEAT SAFETY WAIVER

VENDOR #:

BRAND _____

MODEL: _____

MANUFACTURE YEAR: _____

I AFFIRM THAT:

- the above car seat has not been in an automobile accident (with or without child sitting in it)
- I have checked for safety recalls and have made any necessary safety retrofits required. (<http://www.tc.gc.ca/roadsafety/safeddrivers/childsafety/index.htm>)
- I have included the instructional manual. (not required, but please check if you are including the manual)

Vendor's Name: _____ Date: _____

Vendor's Signature: _____



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