

Personal assumption of Liability

I, _____, am the owner of _____ with the VIN number _____. (Repair Facility) has told me about the importance of the pre and post repair health scan and has shown me the position statement distributed by the vehicle manufacturer. Despite being aware of the necessity of these scans, I have decided to choose (please check one)

Only perform the post repair scan on my vehicle

Do not perform any scans on my vehicle

I understand that by not performing the scans as the manufacturer recommends it is possible that some electrical/safety issues may be undiagnosed and not be repaired. By signing this document, I hereby assume any and all liability regarding the operation of my vehicle's supplemental restraint system and the overall safety of my vehicle.

(Vehicle Owner)

(Date)