

## **MIKE CAUSEY**

## INSURANCE COMMISSIONER & STATE FIRE MARSHAL

**BRIAN TAYLOR,** CHIEF STATE FIRE MARSHAL

## Smoke Alarm Installation Program Waiver Form

At my request, (name of organization)		has voluntarily installed
One or more smoke alarms	Carbon Monoxide Alarm	Deaf and Hard-of-Hearing Alarm
in my home located at		·
against any and all individual or organizat to the fire department, the municipality a installation and/or failure of alarms and/o and individual participants in the above r	ve any actions or claims of any naturional participants in the above refeand the officers, agents or employe or batteries, and I further agree to leferenced program from and again	ere that I have or might in the future have brenced program, including but not limited es growing out of or resulting from the hold harmless any and all organizational
By signing this document, I certify that th Furthermore, I acknowledge that I have r the maintenance is my responsibility.		ce and are in good working order. per alarm maintenance, and understand that
I acknowledge having read, understood, a	and agreed to the above waiver, rel	ease, and indemnity
Print Name	Signature	Date
Witness (Print Name)	Signature	Date

\*This form generally indicates that the occupant agrees to waive his or her rights to sue theindividual or municipality and any other organizations or individuals involved in the installation of the alarms, if a fire occurs after the alarm has been installed or tested, or battery replaced. The purpose of the waiver is to protect the individual or any of the organizations involved againstliability arising from the installation or operation of the alarm or battery. This statement isintended for information only, the terms of the waiver themselves shall prevail if there are anyquestions. You should seek advice if you do not understand this waiver.