

LONG RIDGE FIRE COMPANY

SMOKE DETECTOR INSTALLATION AND RELEASE FORM

Name: _____ Address: _____

E-Mail: _____

Phone: _____ Home Owner: ____ Yes ____ No

Smoke Detector: ____ Installed ____ Given (Fill Number)

RELEASE

I understand and agree that the Long Ridge Fire Company, Inc. ("Long Ridge") is providing smoke alarms as a public service in the interest of promoting safety and that Long Ridge is not a seller, manufacturer or dealer of smoke alarms, and does not warranty, guarantee, certify or endorse this or any other brand of smoke alarm. I understand that if I choose to have Long Ridge install the smoke alarm(s) within the residence it will provide an additional layer of protection, but that additional detectors may be required beyond what Long Ridge is able to offer. I agree to take responsibility to assure that the additional detectors are installed at the residence, at my own expense, and in a reasonable time period.

I verify that the new smoke alarm(s) is/are in working condition at the time I received them and that I have read a copy of the manufacturer's owners' manual. I understand and accept the responsibility for inspecting and maintaining the smoke alarms in accordance with manufacturer's instructions, including checking each alarm unit for proper operation. I further understand that in order for the smoke alarm(s) to be effective, I must replace the battery as specified by the manufacturer, and provide other necessary maintenance.

In exchange for accepting the free smoke alarm(s), I hereby release and discharge the Long Ridge Fire Company, Inc., and its officers, agents, assigns, and employees from any and all actions, causes of action, claims, demands, damages, costs or losses arising from the use of said smoke alarm and/or home assessment. Therefore, I agree not to make any demand, claim, or file any lawsuit against the Long Ridge Fire Company, Inc. and its officers, agents, and employees in connection with this smoke alarm/home assessment program.

I have read and understood the above provisions. The terms and provisions of this questionnaire and release are binding on me, my legal representatives, and all of my successors, assignees, heirs and estate.

The undersigned acknowledges that they have been informed that ____ additional smoke detectors will be necessary to adequately protect the structure in question.

The undersigned acknowledges that it is his/her responsibility to secure and install any and all additional smoke detectors

Date

Signature of Recipient

Fire Officer or Firefighter in charge: _____

Incident Number: _____