

PALM HARBOR FIRE RESCUE

Community Smoke Alarm Installation- Hold Harmless Agreement

Requested by: _____ Date: ____ / ____ / ____ Time: _____

Address: _____ City: _____

Phone: (_____) _____ Own Rent Children? Yes No

Heard of program through: Television Radio Newspaper Brochure Other: _____

Number of persons in household: _____ Adult Head-of-Household: _____

Type of installation:

- This alarm has been provided at no cost to you by Palm Harbor Fire Rescue.
- This alarm was provided by you.
- This is a battery install only.

You have requested and we have installed a battery-operated smoke alarm in your residence in accordance with the manufacturer's recommendations or we have installed a new battery in your device. A smoke alarm can save your life, but only if properly maintained. Your responsibility is to test this unit weekly and replace the battery twice a year, when you set your clocks for the daylight-saving cycle.

Palm Harbor Fire Rescue makes no claims regarding the liability or longevity of this smoke alarm or batteries placed in it. No particular brand of smoke alarm is endorsed over another by Palm Harbor Fire Rescue.

By accepting the smoke alarm and signing this document, you are, upon behalf of yourself, your heirs, successors, assigns, and legal representatives, irrevocably waiving and releasing any and all claims of any kind or nature which you may have had, now have, or hereafter acquire against the Palm Harbor Special Fire Control District, its agents, employees, and officials, and any participating agency involved with the Smoke Alarm Program, individually or collectively, arising out of or resulting from any liability, expense, damage, injury, or other loss of any kind or nature arising out of or resulting from the said Smoke Alarm Program, and are further agreeing to indemnify and save harmless the Palm Harbor Special Fire Control District, its agents, employees and officials, and any participating agency involved in the Smoke Alarm Program, individually and collectively, of and from any liability, expense, damage, injury, or other loss of any kind or nature arising out of or resulting from the said Smoke Alarm Program.

Resident's Signature _____ Date _____

Witness to Resident's Signature _____ Date _____

Date Installed: _____ By: _____

Referred to: _____

Comments: _____

RETURN COMPLETED FORM TO PUBLIC EDUCATION