



Clifton Springs Fire Department
PO Box 15, 39 Kendall Street
Clifton Springs, NY 14432
Phone (315)462-7501
In An Emergency Dial 9-1-1

Smoke Detector Release Form

In exchange for accepting the free smoke detector(s), I agree not to make any claim or demand or to file any lawsuit against Clifton Springs Fire Department, Village of Clifton Springs or any individual employee or individual(s) serving as a volunteer with the department or any individual who is involved with the Smoke Detector Program, for any injuries, deaths, damages, costs or expenses claimed to have resulted from the smoke detector(s), battery(ies), or from the instructions for maintenance and safety given at the time of donation. I hereby waive any cause of action that I may have now or in the future or that anyone else may have by or through me, arising out of the malfunctioning of the smoke detector(s) or the battery (ies), whether or not used in accordance with the manufacturer's instructions. I further agree to indemnify and hold harmless Clifton Springs Fire Department, and/or The Village of Clifton Springs and its successors and assigns as to any such claim that may be brought by other parties.

I further understand for these smoke detectors to be effective, the alarm will need to be checked monthly.

This release from liability is binding on me and my family and all my heirs, successors and assigns.

Owners Name (Print) _____

Owners Address _____

Owners Signature and Date _____

Number of People residing at above address and their ages: _____

Fire Officers Name (Print) _____

Fire Officers Signature and Date _____

<p>For Department Use Only:</p> <p>Number of Smoke Detectors Given _____</p> <p>Number of Batteries Given _____</p>
