



Mission Fire Department Smoke Alarm Liability Release Form



I understand and agree that the City of Mission Fire Department is providing a free smoke alarm as a public service in the interest of promoting safety and that the City of Mission Fire Department 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 verify that the new smoke alarm is in working condition at this time and that I have received and read a copy of the manufacturer's owner's manual. I understand and accept the responsibility and maintaining the smoke alarm in accordance with manufacturer's instructions, including checking each alarm unit monthly for proper operation. I further understand that in order for the smoke alarm to be effective, I need to replace and install the battery as specified by the manufacturer. As the owner, I am responsible for providing the batteries and any other necessary maintenance.

I understand that having only one smoke alarm in my home does not give me a level of protection that is considered adequate according to the newest standards, or provides the minimum level of protection required by the Building Code for existing dwellings.

I exchanged for accepting a free smoke alarm and/or home assessment, I do hereby release and discharge the City of Mission, Texas and the Mission Fire Department and its officers, agents, 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 assessments. Therefore, I agree not to make any demand or claim or file any lawsuit against the City of Mission or the Mission Fire Department and its officer, agents and employees in connection with this smoke alarm/home assessment program.

I have read and understand the above provision. 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.

_____ _____ _____ _____
Date Recipient Signature Witness Signature Unit

Applicants Name: _____

Address (required): _____ City: _____ Zip: _____

Action Taken:

- Alarm Installed Battery Installed Alarm Checked Home Assessment

_____ _____ _____
Alarm Make Model Number Manufacture Date