READ BEFORE SIGNING

SMOKE ALARM LIABILITY WAIVER AND RELEASE FROM FEDERAL AND STATE CLAIMS

(Please Print Information) ALL BLANKS MUST BE FILLED IN.

Name: _____ **Phone:** _____

Address, City, State, Zip Code: _____

I, as the Occupant of the residence described above, acknowledge that _____ (Fire Department), with my permission has agreed to install and test __ smoke alarm(s) within my residence. The smoke alarms have been provided by the Office of the State Fire Marshal (OSFM) and Fire Department at no charge to me.

In consideration for the Fire Department and OSFM providing, installing and testing the smoke alarm(s) at the address described above, I EXPRESSLY AGREE TO SAVE AND HOLD HARMLESS THE FIRE DEPARTMENT, MUNICIPALITY, OSFM, STATE OF OREGON, AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, PROCEEDINGS, LOSSES, DAMAGES, LIABILITIES, AWARDS AND COSTS OF EVERY KIND AND DESCRIPTION, INCLUDING ANY AND ALL FEDERAL AND STATE CLAIMS, REASONABLE ATTORNEY'S FEES, AND EXPENSES AT TRIAL (COLLECTIVELY “CLAIMS”) WHICH I HAVE OR MAY HAVE A RIGHT TO BRING AGAINST ANY STATE OR LOCAL AGENCY, MUNICIPALITY, THE STATE, OR THEIR AGENTS, OFFICIALS, EMPLOYEES ARISING OUT OF OR RELATED TO THE PROVISION, INSTALLATION AND TESTING OF THE SMOKE ALARM(S), BATTERIES, OR BOTH.

I further agree that the provisions of this **Smoke Alarm Liability Waiver and Release from Federal and State Claims** shall be effective and binding upon my heirs, executors, administrators, successors, assigns, beneficiaries, or delegatees and shall inure to the benefit of the Fire Department, OSFM, Municipality, the State of Oregon, and their officers, employees and agents.

By my signature and execution of this form, I acknowledge and agree that I have read this **Smoke Alarm Liability Waiver and Release from Federal and State Claims** and understand the rights and claims that I am giving up. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS, BENEFICIARIES, OR DELEGATEES, HEREBY RELEASE AND FOREVER DISCHARGE FIRE DEPARTMENT, OSFM, THE MUNICIPALITY, THE STATE OF OREGON, AND THEIR OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL DEMANDS AND CLAIMS, KNOWN OR UNKNOWN, THAT I HAVE OR MAY HAVE AGAINST FIRE DEPARTMENT, OSFM, THE MUNICIPALITY, THE STATE OF OREGON, AND ITS OFFICERS, AGENTS OR EMPLOYEES FOR ANY AND ALL HARM OR DAMAGE TO MY HEALTH OR PROPERTY IN ANY MANNER RESULTING FROM OR ARISING OUT OF THE PROVISION, INSTALLATION AND MY USE OF THESE SMOKE ALARMS. By signing this form, I also certify that the smoke alarm(s) was tested in my presence, is in good working order and that I have received information from the Fire Department regarding proper smoke alarm maintenance and testing.

_____

Occupant Signature Date

_____

Witness Signature Date