

---

# S.A.F.E. Family Program Waiver

The \_\_\_\_\_, with the consent of the owner-occupant, has correctly installed the supplied smoke alarm in the proper location according to the manufacturer's recommendations. The alarm was tested to ensure it was in proper working order before the installer left the premises.

In consideration for providing and installing the alarm in my home, I, for myself, my heirs, executors, administrators or successors, agree to hold harmless the program, participants, the fire department, the municipality and its officers, agents or employees from all damages of any kind, to persons or property, resulting from the installation and failure of the smoke alarm and/or their batteries.

By signing this document, I certify that the installed smoke alarm was tested in my presence and is in good working order. I have received information from the installer regarding proper smoke alarm maintenance, and I agree to maintain the alarm properly, adhering to the manufacturer's "Smoke Alarm User's Guide" and by testing it once per month.

I acknowledge having read, understood and agreed to the above waiver, release and indemnity.

_____	_____	_____
Address		Apartment No.
_____	_____	_____
Occupant (Print name)	Signature	Date
_____	_____	_____
Witness (Print name)	Signature	Date

**\*\*FIRE DEPARTMENTS KEEP THIS FORM FOR YOUR RECORDS\*\***

