

Waiver Form Mississippi Fire Marshal's Office Smoke Alarm Installation Program-2010

At my request, _____ established
(organization name)

to install smoke alarms in residences in _____
(community)

has voluntarily installed one or more smoke alarms in my home located at _____

(address of smoke alarm installation)

In consideration for voluntarily providing and installing these smoke alarm(s) in my home, I, for myself, my heirs, executors, administrators, or successors, hereby waive any actions or claims of any nature that I have or might in the future have against any and all individual or organizational participants in the above referenced Program, including but not limited to the fire department, the municipality, and the Mississippi Fire Marshal's Office and any of their officers, agents, or employees growing out of or resulting from the installation and/or failure of the smoke alarms, and I further agree to hold harmless any and all organizational and individual participants in the above referenced Program from and against all damages of any kind, to persons or property, growing out of or resulting from the installation and/or failure of such smoke alarms in my referenced home.

By signing this document, I certify that the smoke alarms were tested in my presence and are in good working order. Furthermore, I acknowledge that I have received information from the installer regarding proper smoke alarm maintenance and understand that the maintenance is my responsibility.

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

Print name Signature Date

Witness (print name) Signature Date

NOTE: This form generally indicates that the occupant agrees to waive his or her rights to sue the individual, fire department, Mississippi Insurance Department, or any other organization or individual involved in the installation of the smoke alarms if a fire occurs after the alarm has been installed and tested. The purpose of the waiver is to protect the individual and organizations involved against liability arising from the installation or operation of the smoke alarm. This statement is intended for information only. The terms of the waiver themselves shall prevail if there are any questions. You should seek advice if you do not understand this waiver.

1. Date:	11. Number of levels in the home <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three if more than 3, how many? _____
2. Installer's Name:	12. Was there at least one smoke alarm on every level of the home? <input type="checkbox"/> yes <input type="checkbox"/> no
3. County	13. If "no", which level(s) did not have a smoke alarm? <input type="checkbox"/> first floor <input type="checkbox"/> second floor <input type="checkbox"/> other
4. Head of Household:	specify: _____ 14. Was there a smoke alarm outside each sleeping area? <input type="checkbox"/> yes <input type="checkbox"/> no
5. Phone #:	15. Was there a smoke alarm inside each sleeping room? <input type="checkbox"/> yes <input type="checkbox"/> no
6. Email Address:	16. How many smoke alarms were more than 10 years old? <input type="checkbox"/> zero <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three if more than 3, how many? _____
7. Physical Address:	17. Did you test all the existing smoke alarms? <input type="checkbox"/> yes <input type="checkbox"/> no If no, why not? _____
8. Mailing Address:	18. How many of the old alarms did not work? <input type="checkbox"/> zero <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three if more than 3, how many? _____
9. Total number of people living in the home: _____ Number of older adults living in the home: _____ Total number of children under age 14 living in the home: _____ Total number of people living in the home with a disability: _____ Total number of people that are deaf living in the home: _____ Total number of people that are hard of hearing living in the home: _____	19. How many new smoke alarms did you install? <input type="checkbox"/> zero <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three 20. How many SafeAwake alarms did you install? <input type="checkbox"/> zero <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three 21. How many Gentex alarms did you install? <input type="checkbox"/> zero <input type="checkbox"/> one <input type="checkbox"/> two <input type="checkbox"/> three 22. Did you discuss home escape planning with the residents? <input type="checkbox"/> yes <input type="checkbox"/> no
10. Were there any smoke alarms in the home before you installed new alarms? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how many? _____ If no, skip questions 12-18.	23. Did you discuss the handouts with the residents? <input type="checkbox"/> yes <input type="checkbox"/> no 24. Total number of people talked to: _____