**SMOKE ALARM/BATTERY INSTALLATION PROGRAM REGISTRATION**

Please read and complete **BOTH PAGES** of this application. This application and waiver must be completed and **SIGNED** before approval and installation of smoke alarm(s).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME: | |  | | | | | | | | | | | | | | | | | | |  | | DATE: | |  | | | | | |
| ADDRESS: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY: |  | | | | | | | | | | | | | | | | | | | | | | | |  | ZIP: |  | | | |
| HOME PHONE: | | | |  | | | | | | |  | | DAYTIME PHONE: | | | | | | | | | | |  | | | | | | |
| AGE OF HOMEOWNERS: | | | | |  | MALE: | |  | | | | | |  | FEMALE: | | | | | | |  | | | | | | | | |
| HOW MANY UNDER THE AGE OF 5 LIVE IN YOUR HOME? | | | | | | | | | | | | | | | |  | | | |  | | | OVER THE AGE OF 60? | | | | | |  | |
| IS YOUR HOUSEHOLD INCOME BELOW $25,000? | | | | | | | | | | YES | | | | | | |  | | | | | | | | | NO | |  | | |
| ARE THERE ANY EXISTING SMOKE DETECTORS IN YOUR HOME? | | | | | | | | | | | | | | | | | |  | | | | | | | | HOW MANY? | | | |  |
| ARE THEY CURRENTLY WORKING? | | | | | | |  | | |  | | WHY NOT? | | | | | | |  | | | | | | | | | | | |
| HOW MANY STORIES IN HOME? | | | | | | |  | | |  | | HOW MANY BEDROOMS? | | | | | | | | | | | | | |  | | | | |
| HOW DID YOU HEAR ABOUT THIS PROGRAM? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

Nassau County Fire Rescue will contact you upon acceptance of this application to arrange a date and time for installation. We will be able to schedule installations on certain weekdays, evenings, and weekends. Any emergency calls received will take precedence and may delay a scheduled installation. Your flexibility will be greatly appreciated.

|  |  |
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| SIGNATURE: |  |
|  |  |
| PRINT NAME: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *FOR STATION USE ONLY* | | | | | | | | | | | | | |
| Installation Appointment Date: | | |  | | | | Installation Appointment Time: | | | | |  | |
| Station/Shift: | |  | | Date Installed: | |  | | | CCR# | |  | | |
| Installed By: |  | | | | Appointment Time: | | |  | | Number Installed: | | |  |
| **Inter-Office to HQ when installed** | | | | | | | | | | | | | |

**WAIVER AND RELEASE OF ALL CLAIMS**

For and in consideration of my/our participation in the Nassau County Fire Rescue Smoke Alarm Program, I/we agree to release the Nassau County, Florida, its agents and employees, and its Fire Rescue Department, from all claims, demands, suits, and causes of action, of every nature whatsoever, on account of damage or loss to property including both real and personal bodily injuries, or death, resulting from the installation, failure to operate or faulty operation of the smoke alarm installed at my/our request by Nassau County Fire Rescue.

It is further understood and agreed that Nassau County Fire Rescue is not the insurer of the safety of those who would occupy the dwelling in which the smoke alarm is installed against the hazards of fire. While the smoke alarm device is designed to warn of fires, Nassau County Fire Rescue makes no guarantee or warranty of any kind, including no implied warranty or merchantability of fitness, or that the fire detection system supplied will avert or prevent fires, or that the detector will timely warn of fires and related occurrences. Any such warranties, if in existence, are given by the manufacturer of the smoke alarm, and I/we agree, that any claims or suits for failure to operate or faulty operation of the smoke alarm will be solely against the manufacturer. Additionally, I/we understand that it is my/our obligation to purchase batteries to operate the smoke alarm as needed and to maintain the detector after installation.

By signing this full release, I/we hereby consent to the entry of Nassau County Fire Rescue employees into my/our dwelling, at a mutually agreed upon time, for the sole purpose of installing the smoke alarm device. The undersigned further acknowledges that Nassau County Fire Rescue and its agents or employees, expressly disclaim any liability for damage resulting from the installation of this smoke alarm device, and I/we hereby release Nassau County, Florida and its agents and employees from any and all claims and/or damages resulting therefrom. I/we further agree not to remove this device at any time without the expressed written consent of Nassau County Fire Rescue.

My/our signature (s) appearing below indicated that I/we have understood the above and intend to be legally bound.

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| Owner/Occupant signature | | | | |
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|  | | | | |
| Owner/Occupant signature | | | | |
|  | | | | |
|  | | | | |
| Street Address | | | | |
|  | | | | |
|  | | | |  |
| City | |  |  | Zip |
|  | | | |  |
| Date: |  |  | |  |