

**SENIOR FIRE BUSTER PROGRAM LIABILITY RELEASE**

I have received a smoke detector from the Senior Fire buster Program and agree to allow a program representative to install the smoke detector in my home.

I understand that the senior Fire Buster Program is a nonprofit community public service program and that the smoke detector and installation are being provided at **no cost** to me or any member of my household.

For that reason, I agree and understand that the smoke detector and its installation are without warranty of any kind (merchantability or fitness) from the Program and that the only warranties that may exist are the limited warranties (if any) provided by the smoke detector manufacturer or distributor.

I agree that I will **NOT** hold or attempt to hold the Senior Fire Buster Program, the City of Galveston Fire Department, or any Program volunteer or representative liable or responsible and I hereby **release, hold harmless, defend and indemnify** them from any and all liability or claims which might be made – for any injury, death, or property damage which might occur, should the smoke detector fail to operate properly for any reason, including defects or error in design, manufacture, or installation.

AGREED and SIGNED on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,

**\*DO NOT SIGN THIS LIABILITY  
RELEASE UNLESS YOU HAVE READ  
IT AND UNDERSTAND ITS MEANING.**

\_\_\_\_\_.

\_\_\_\_\_.

Recipient Signatures

The Recipient who signed above read the forgoing in my presence.

\_\_\_\_\_  
Senior Fire Buster Program Representative

**TO BE COMPLETED ONLY IF RECIPIENT IS UNABLE TO READ**  
I READ the foregoing at his/her request to the Recipient who signed above.

Witnessed by: \_\_\_\_\_

\_\_\_\_\_  
Senior Fire Buster Program Representative

**TO BE COMPLETED BY DETECTOR INSTALLER**

Date Installed: \_\_\_ / \_\_\_ / \_\_\_

Name:

Address:

Phone:

Contact Name:

Contact Phone:

Manufacturer:

Serial No.

Contact Time:

Shift: