



PRINCE GEORGE'S COUNTY, MARYLAND FIRE / EMERGENCY MEDICAL SERVICES DEPARTMENT

SMOKE AND/OR CARBON MONOXIDE ALARM DISTRIBUTION LIABILITY RELEASE FORM

(FOR USE WITH ALARM DISTRIBUTIONS ONLY, NOT FOR USE WITH ALARM INSTALLATIONS)

I hereby accept smoke and/or carbon Monoxide (CO) alarm(s) provided by Prince George's County Fire/EMS Department. I understand and agree that the Prince George's County Fire/EMS Department is providing smoke and/or CO alarm(s) as a public service in the interest of encouraging fire and life safety and to help prevent needless injury and/or loss of life and property. I understand that the Prince George's County Fire/EMS Department does not guarantee nor endorse any brand of smoke and/or CO alarm(s). I also understand that the Prince George's County Fire/EMS Department is not a seller, manufacturer, or dealer in smoke alarm(s) or CO alarm(s) and that it makes no warranties regarding these products.

In exchange for accepting either free smoke and/or CO alarm(s), I agree not to make any claim or demand or to file any lawsuit against the Prince George's County Fire/EMS Department or Prince George's County, Maryland or any individual employee, officer or individual serving Prince George's County, for any injuries, deaths, damages, costs or expenses claimed to have resulted from the smoke and/or CO alarm(s), or from the instructions for maintenance and safety given at the time of distribution.

I hereby waive any cause of action that I may have now or in the future or that anyone else may have by or through me, arising out of the malfunctioning of smoke and/or CO alarm(s), whether or not used in accordance with the manufacturer's instructions. I further agree to indemnify and hold harmless the Prince George's County Fire/EMS Department, Prince George's County, Maryland, its officers, agents, or employees, and its successors and assigned as to any such claim that may be brought by other parties. This release of liability is binding to the signer, and their family, heirs, successors, and assigns.

I further understand that for the smoke alarm(s), and CO alarm(s) to be effective, the alarm will need to be checked monthly.

ALARM PRODUCTS RECEIVED

Type of Alarm: *(Check One)* Smoke Alarm CO Alarm Combination Smoke/CO Alarm

Alarm Manufacturer: _____ Serial #: _____

Distribution Date: _____

Recipient's Address: _____

Recipient's Name: *(Please Print)* _____

Recipient's Signature: _____