**PROJECT SAFE**

Smoke Alarms for Everyone

Voucher/Installation Waiver

*One form required per alarm distributed/installed.*

Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FDID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Fire Department / Agency)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🙪 🙪 🙪 🙪 🙪 TO BE COMPLETED BY THE INSTALLING AGENCY 🙪 🙪 🙪 🙪 🙪**

Date installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Which room, hall, etc.)

Installed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FDID \_\_\_\_\_\_\_\_

(Fire Department / Agency)

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**State of Ohio, Department of Commerce,**

**Division of the State Fire Marshal**

**Smoke Detector Distribution Waiver**

Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned recipient of a smoke alarm (Model #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that the State of Ohio, Department of Commerce, Division of State Fire Marshal and/or any other distributing agency (collectively known as the "Donors") make(s) no warranties or representations of any kind, whether expressed or implied and/or from any writing or other statements, to any recipient of this smoke alarm. This includes, but is not limited to, a complete and express disclaimer by the Donors of any expressed or implied warranties of merchantability or fitness for a particular purpose. The Donors make no warranties on behalf of the alarm manufacturers, suppliers or similar persons and accept no liabilities or responsibilities in any form whatsoever on behalf of the manufacturers, suppliers or similar persons. By accepting and/ or using this smoke alarm, the recipient hereby waives all claims against the Donors arising from any warranties, guaranties, statement of item conditions or similar matters, express or implied, arising by law or otherwise relating to this smoke alarm. In no event, to the extent allowed by law and regardless of the form of the claim or cause of action (whether based in contract, infringement, negligence, strict liability, other tort or otherwise), shall the donors be liable for direct, consequential, special or incidental or any other type of damages to any persons or any property that arises from the any use(s) or failures of this alarm, whether or not caused by the donor's negligence and even if the Donor had advance knowledge of damages. These are no other warranties or acceptance of any liabilities granted by the donors which extend beyond the description contained in this paragraph. Recipient assumes entire risk as to the quality, maintenance, repair and performance of this smoke alarm.

Recipient further acknowledges that, as a condition of acceptance of a no cost smoke alarm from the Donor, the Recipient or their family meet federal poverty guidelines as described by the United States Department of Health & Human Services: (<http://aspe.hhs.gov/poverty/12Poverty.shtml>).

🡺 🡺 **Signature of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**