Gatlinburg Fire Department and the Gatlinburg Firefighter's Association Smoke Alarm Program Liability Waiver and Release Form



(Please Print)		
Name:	Phone Number	:
Address:		
City, State & ZIP:		
Email:		
Residence Information:		
☐ Single Family ☐ Multi-Far	mily Apartment	☐ Manufactured Home
Type of heating system(s):		Number of Smokers in House:
Alarms installed: Inside sleeping	area	eas. On each floor.
Number of Alarms Received:	Fire safety Materia	als given to occupants.
Type of Alarm received:		Type of Battery:
Alarm(s) installed by:		
Gatlinburg Fire Fighter's Association at no char The Gatlinburg Fire Department and Gatlinbu owner-owed alarms as a public service in the	rg Fire Fighter's Association is prov	
Fire Department and Gatlinburg Firefighter's battery and that it makes no warranties with	_	r endorse any brand of smoke alarm or
In exchange for excepting either free smoke a make any claim or demand or to file and laws Association, The City of Gatlinburg or any indeprogram, for and injuries, deaths, damages, c battery(ies), from their installation or from the action that I may have now or in the future of the smoke alarm(s), Or the battery(ies), whet	uit against the Gatlinburg Fire Dep ividual employee or individual serv osts or expenses claimed to have r e instructions for maintenance and that anyone else may have by or t	rartment and Gatlinburg Firefighter's ring as a volunteer with the smoke alarm esulted from the smoke alarm(s), d safety. I hereby waive any cause of through me, arising out of malfunction o
I further understand that for these smoke ala new batteries at least once a year.	rm(s) to work properly, the alarm v	will need to be tested monthly, installing
This release from liability is binding on me an	d my family and all my heirs, succe	ssors and assigns.
Occupants Signature:		Date:
Fire Official Signature:		Date: