

**BILOXI FIRE DEPARTMENT**  
**SMOKE DETECTOR SAVES LIVES**  
**PROGRAM**

**IT'S FREE, FREE, FREE, FREE SIGN UP NOW!!!!**

Date Requested: \_\_\_\_\_ Date Installed: \_\_\_\_\_

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

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

Biloxi, MS. \_\_\_\_\_

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

Number of Occupants living at the address above: \_\_\_\_\_

Age of Occupants: \_\_\_\_\_

How many bedrooms do you have? \_\_\_\_\_

Number of Detectors Installed: \_\_\_\_\_

Installed by: \_\_\_\_\_,

Contact: Deputy Chief Vincent Payne

228-435-6200

vpayne@biloxi.ms.us

# Waiver Form City of Biloxi, Fire Department Smoke Alarm / Detector Installation Giveaway Program

At my request, Biloxi Fire Department established to install smoke alarms / detectors in my residence located in the city limits of Biloxi, has voluntarily installed one or more smoke alarms in my residence located at \_\_\_\_\_.

(Address of smoke alarm installation)

In consideration for voluntarily providing & installing these battery- powered smoke alarm(s) in my home, I, for myself, my heirs, executors, administrators, or successors, hereby waive any actions or claims of any nature that I have or might in the future have against any and all individual or organizational participants in the above referenced program, include but not limited to the fire department, the municipality and any of their officers, agents, or employees growing out of or resulting from the installation and/or failure of the smoke alarms, and I further agree to hold harmless any and all organizational & individual participants in the above referenced program from & against all damages of any kind, to persons or property, growing out of or resulting from the installation and / or failure of such smoke alarms in my referenced home.

By signing this document, I certify that the smoke alarms were tested in my presence and is in good working order. Furthermore, I acknowledge that I have received information from the installer regarding proper smoke alarm maintenance and understand that the maintenance is my responsibility.

I acknowledge having read, understood, and agreed to the above waiver, release, and indemnity.

---

Print Name

Signature

Date

---

Witness (print name)

Signature

Date

**NOTE:** This form generally indicates that the occupant agrees to waive his or her rights to sue the individual, fire department, or any other organization or individual involved in the installation of the smoke alarms if a fire occurs after the alarm has been installed and tested. The purpose of the waiver is to protect the individual and organizations involved against liability arising from the installation or operation of the smoke alarm. This statement is intended for information only. The terms of the waiver themselves shall prevail if there are any questions. You should seek advice if you do not understand this waiver.