

Merced County Fire Department  
Smoke Alarm Request Form:

Name: \_\_\_\_\_  
(Last, First MI)

Home Mailing Address: \_\_\_\_\_

Home Address if different: \_\_\_\_\_

City State Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

(Optional) E-mail Address: \_\_\_\_\_

Convenient time to be contacted: \_\_\_\_\_

Number of Smoke Alarms Requested: \_\_\_\_\_

[How many Smoke Alarms Do I need?](#)

Merced County Fire Prevention  
2222 M Street  
Merced, CA. 95340

Fax: 209-725-0174

Thank you for participating!

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Merced Fire Prevention Use

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Contact Was Made: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Installed: \_\_\_\_\_ Unit Qty. \_\_\_\_\_

Installed By: \_\_\_\_\_

## **SMOKE ALARM LIABILITY WAIVER AND RELEASE FORM**

I understand and agree that the MERCED COUNTY FIRE DEPARTMENT is providing me with a smoke alarm as a public service in the interest of encouraging fire and life safety and helping to prevent loss of life and property. I understand that MERCED COUNTY FIRE DEPARTMENT does not guarantee nor endorse any brand of alarm or brand of battery. I also understand that MERCED COUNTY FIRE DEPARTMENT is not a seller, manufacturer or dealer in alarms or batteries, it makes no warranties with regard to these alarms or batteries, and it will not maintain these alarms or batteries.

In exchange for accepting the free alarm(s), 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, against the State of California, MERCED COUNTY FIRE DEPARTMENT, or any individual employee or individual who is involved with the alarm distribution event, for any injuries, deaths, damages, costs or expenses arising out of the use of the alarm(s), the battery(ies), or the failure or malfunction of the alarms or battery(ies).

I further understand that for the alarm(s) to be effective I must replace the unit according to the manufacture instructions or no more than ten (10) years of age. The alarm must be checked monthly for proper function as per manufacture instructions.

This waiver and release shall be effective and binding upon me and my assigns, heirs, representatives, executors and administrators. In consideration of being given alarm(s) at no charge, I agree to the above waiver and release and make the following representations: I understand that this release is a legally binding contract. No oral representations, statements or inducements apart from the above written agreement have been made. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will. I further expressly agree that this release and waiver is intended to be as broad and inclusive as is permissible by the laws of the State of California and that if any portion of this agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I certify that I have read, understand, and agree to the terms of the above liability waiver and release. I am at least 18 years of age and legally competent to sign this document:

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_