



**City of Black Hawk
Fire Department**
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

Residential Fire & Life Safety Program

SMOKE ALARM

Recipient Information	
Name:	
Physical Address:	
Mailing Address:	
Home Phone:	Cell Phone:
Release of Liability	
<p>I have received a smoke alarm(s) to be installed in my residence without charge to me. I hereby release and hold harmless the Black Hawk Fire Department and its representatives and agents, as well as the City of Black Hawk, its instrumentalities, employees, and agents who are providing and/or installing a smoke alarm(s) in my home from any and all liability whatsoever for all claims for injuries to persons or property directly or indirectly arising out of the selection, acquisition, installation, function, misuse, or malfunction of such smoke alarm(s).</p> <p>I understand that neither the Black Hawk Fire Department nor the City of Black Hawk is legally obligated to perform this service. I understand that this voluntary service is intended as a benefit to the community, and I hereby request that City of Black Hawk Fire Department and its representatives provide this fire and life safety assistance to me.</p> <p>This release is freely and voluntarily entered into by me in consideration for the Black Hawk Fire Department providing smoke alarm(s) and/or installing smoke alarm(s) in my home. I fully understand the meaning and consequences of this release of liability. This release shall be binding upon me, my heirs, assigns and personal representatives.</p>	
Resident Signature:	Date:

Smoke Alarm Information	
Type:	
Model No.:	
Issuance Information	
Department Member Name:	
Signature:	Date: