

**Terry E. Branstad**  
Governor  
**Kim Reynolds**  
Lt. Governor



**Larry L. Noble**  
Commissioner  
**Raymond A. Reynolds**  
State Fire Marshal  
**Jeffrey L. Quigle**  
Assistant State Fire Marshal

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**SMOKE DETECTOR PROGRAM  
RELEASE FROM LIABILITY**

I understand and agree that the State of Iowa or any designated Iowa Fire Department is providing smoke detector(s), battery(s), and/or installing the property owner's battery operated detector(s) as a public service in the interest of encouraging fire/life safety and helping to prevent needless injury and/or loss of life and property.

I understand that the State of Iowa or any designated Iowa Fire Department does not guarantee or endorse this brand of smoke detector or brand of battery. I also understand that the State of Iowa or any designated Iowa Fire Department is not a seller, manufacturer, or dealer in smoke detectors or batteries.

In exchange for accepting either the free smoke detector(s), battery(s), and/or installation of the property owners' battery operated detector(s), I agree not to make any claim or demand or to file any lawsuit against the State of Iowa or any designated Iowa Fire Department or any individual employee or member serving as a volunteer with the State of Iowa or any designated Iowa Fire Department or any individual who is involved with the "State Fire Marshal Smoke Detector Project", for any injuries, deaths, damages, costs, or expenses claimed to have resulted from the smoke detector, battery, installment, or from the instructions for maintenance and safety given at the time of installation. 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, arising out of the malfunctioning of the smoke detector or the battery(s), whether or not used in accordance with the manufacturer's instructions.

I further understand for these smoke detectors to be effective, the detector will need to be checked monthly.

This release from liability is binding on me and my family and all my heirs, successors, and assigns.

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Applicant Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Applicant Signature

Phone: 515-725-6145  
Fax: 515-725-6172