



NORWICH TOWNSHIP FIRE DEPARTMENT

FIRE PREVENTION BUREAU

5181 NORTHWEST PARKWAY

HILLIARD, OHIO 43026

614-876-3331

FAX: 614-876-3343

BUSINESS HOURS - MONDAY THROUGH FRIDAY - 8:00 A.M. TO 4:00 P.M.

(PER THE NORWICH TOWNSHIP FIRE CODE SECTION 14A)

EMS Knox Box Release From Liability

I, _____, understand and agree that the Board of Township Trustees of Norwich Township, Ohio and the Norwich Township Fire Department are providing a free, temporary loan of a key lock box (Knox Box) as a public service for a period of 6 months. At the end of this 6 month period, you will be contacted for assessment. I understand that the Board of Township Trustees of Norwich Township, Ohio and the Norwich Township Fire Department do not guarantee this key lock box. I also understand that the Board of Township Trustees of Norwich Township, Ohio and the Norwich Township Fire Department are not sellers, manufacturers or dealers in key lock boxes and that this free loan is being offered in furtherance of the Township's public duty to provide Emergency Medical Services.

In exchange for accepting this free loan of this key lock box, I agree not to make any claim or demand or file any lawsuits against the Board of Township Trustees of Norwich Township, Ohio, the Norwich Township Fire Department, or any individual connected with the Township for injuries, damages, costs or expenses claimed to have resulted from the key lock box and to indemnify and hold the Norwich Township Board of Trustees, its employees, agents and assigns, harmless from any and all claims, demands, or lawsuits filed against said Board or the Norwich Township Fire Department as a result of the use of this key lock box.

I further understand that for this key lock box to be effective, it needs to be maintained correctly. I also understand that installation and maintenance of this key lock box is solely my responsibility.

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

By my signature on this release, I acknowledge that I have read the release in its entirety, or that it has been read to me. I further acknowledge that I understand the provisions of this release and that I agree to bound by them.

Date Applicant Signature

Phone Applicant Name (printed)

Applicant Address (printed)

Email Address

Alternate Phone Alternate Contact (printed)

Alternate Contact Address (printed)

Email Address Relationship

For Department Use Only

Knox Box #: _____ Date Assigned: _____