



NORWICH TOWNSHIP FIRE DEPARTMENT

Fire Prevention Bureau

5181 Northwest Parkway Hilliard, Ohio 43026
614-876-3331
Fax: 614-876-3343
bureau@norwichtownship.org

Business Hours - Monday through Friday - 8:00 AM to 4:00 PM

EMS KnoxBox 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 (KnoxBox) 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

KnoxBox #: _____

Date Assigned: _____