

Community Safe Firearm Storage Event

Firearm Lock Box/Cable Gun Lock Release Form

I, _____ (initial), have received the following device:

Circle one **Lock box** Cable lock

I, _____ (initial), understand that the firearm lock box, trigger lock and/or cable lock I have received today is provided to me as a service to promote child safety.

UPMC Children's Hospital of Pittsburgh ("CHP") does not warrant or represent that any firearm lock box, trigger lock or cable lock distributed today is constructed without defects. The firearm lock box and/or cable lock received by me free of charge is required by the federal government to meet performance standards. However, CHP cannot guarantee the compliance of the manufacturer with this requirement.

I understand that to have full protective benefit of a protective lock box, trigger lock or cable lock, it must be used properly and in accordance with the manufacturer's instructions, which I acknowledge I have received along with the device. _____ (initial)

In exchange for the receipt of the device indicated herein, I, for myself and on behalf of my heirs, successors or assigns, personal representatives and next of kin, hereby release and hold harmless CHP and UPMC, its respective officers, directors, employees, and agents from any liability whatsoever arising from the use of the firearm lock box, trigger lock and/or cable lock received today, including claims for property damage and/or claims for personal injury or death. I also agree to defend, indemnify and hold harmless CHP and UPMC or any officer, employee or agent thereof, from any claim by any third party resulting from the use of this firearm lock box, cable lock and/or trigger lock. This release is binding upon my heirs, successors or assigns. Note: Your name and address will not be shared.

I have read and understand the foregoing statements and I sign this release freely, knowingly, and voluntarily.

Print Name _____ Today's Date _____

Signature _____ Phone # (____) - _____ - _____

E-Mail _____

Mailing Address _____ City _____ State _____ Zip Code _____