

**Fire Lock Box Program – Application Form**  
**Whitchurch-Stouffville Fire & Emergency Services**  
**Telephone: 905 640-9595 Fax: 905 640-9517**

Address:	Building Name:
<b>Contact Person 1:</b>	<b>Contact Person 2:</b>
Name:	Name:
Relation to Property:	Relation to Property:
Phone Number:	Phone Number:
Email Address:	Email Address:

**Example List of Keys to be provided for Lock Boxes:**

- Main Entrance Key
- Service Room Key(s)
- Access Control Card(s)
- Fire Alarm Control Panel Key(s)
- Elevator Key(s)
- Other:

**Terms of the Fire Lock Box Program:**

The Participant provides the Town of Whitchurch Stouffville Fire & Emergency Services Department the right to enter the Premises by utilizing the key in the lock box. Such right may be exercised by the Town of Whitchurch Stouffville Fire & Emergency Services Department without providing prior notice to the Participant in the event of fire, suspected fire or other emergencies.

The Participant is responsible for notifying the Town of Whitchurch Stouffville Fire & Emergency Services Department of any changes to the key(s) in the lock box.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

BY AGREEING TO THE TERMS OF THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

**PLEASE READ CAREFULLY!**

I acknowledge that by participating in the Whitchurch-Stouffville Fire & Emergency Services Fire Lock Box Program it may expose me to known and unanticipated risks that could result in emotional injury, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the LBP. **The risks include, among other things, and without limitation:** theft and/or vandalism of property. **I expressly agree and promise to accept and assume all of the risks existing with participation in the LBP. My participation in the LBP is purely voluntary and I elect to participate in spite of the risks.**

**I HEREBY AGREE TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **STOUFFVILLE FIRE & EMERGENCY SERVICES** and **THE CORPORATION OF THE TOWN OF WHITCHURCH-STOUFFVILLE** and its elected officials, directors, officers, employees, agents, representatives, successors, assigns and those for whom the Town is at law responsible (hereinafter collectively referred to as the "Releasees"), and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my family, heirs, assigns, personal representatives and estate may suffer from my participation in the LBP, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING BUT NOT LIMITED TO, NEGLIGENCE, BREACH OF CONTRACT, BREACH OF WARRANTY OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT (AS AMENDED), ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE, BY PARTICIPATING IN THE LBP.**

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Further, in consideration of my participation in the LBP, I agree to hold harmless, defend and indemnify the Releasees from any and all liability, loss, claims, demands, costs and expenses, including legal fees, due to any personal injury, loss of life or property damage to myself or any third party arising from or related to my participation in the LBP.

**I recognize that by signing this document I am waiving certain legal rights, including the right to sue.**

Applicants Name:

Applicants Signature:

Submit the completed application form and cheque in the amount of \$150.00 (*tax included*) payable to:  
**Town of Whitchurch Stouffville.**

**Mailing Address:**

Whitchurch-Stouffville Fire & Emergency Services  
100 Weldon Rd.  
Stouffville, ON  
L4A 1N2  
Attn: Fire Prevention

**Fire Department Use Only**

Date Application Received:

Payment Received:

Date Lock Box In-Service:

Keys Checked for Operation:

Checked By: