All persons who attend in the Law Enforcement Officers Safety Act Qualification Shoot must read, understand, and sign this agreement, regardless of their participation. Your signature is binding, is considered a total hold harmless agreement, and affirms your understanding of this agreement and its intent. Complete and sign this form at the range prior to the shoot. Note that failure to sign the form will result in your disqualification.

I understand I have been briefed on individual liability issues associated with carrying a concealed weapon and I have been provided a copies of the Law Enforcement Officer’s Safety Act (18 USC 926C) and RCW 36.28A.090 explaining the requirements, prohibitions and restrictions with carrying a concealed weapon within Washington State. Additionally, I understand that the regulations governing concealed carry vary from state to state and I am responsible for learning and abiding by these regulations.

The undersigned assumes all responsibility for all risk of damage, injury or death that may occur to the undersigned as a participant in the LEOSA/ HR218/S-1132 Firearms Certification Course and associated and participation in range qualification exercises utilized by the course of qualification, practice or exercise, or while following instructions in or out of any course, facility or location, due to the negligence of the Fraternal Order of Police, any of its members or officers or the Range-master, regardless of fault or negligence.

In consideration of being accepted for participation in the LEOSA/HR218/S-1132 firearms qualification, the undersigned, for himself/herself his/her spouse, legal representative, heirs and assigns hereby releases, waives and discharges thePoulsbo Sportsmen’s Club, Fraternal Order of Police, any of its members or officers and the Range-master, all of their officers, employees, agents, consultants, representatives, directors, successors and assigns for any and all loss or damage and any claims or damages resulting therefrom, on account of his person or property, even injury resulting in death of the undersigned, whether caused by the negligence of the PoulsboSportsmen’s Clubor the Fraternal Order of Police or otherwise caused by or arising out of my voluntary presence or participation or the use of facilities, premises, firing range, equipment (including firearms and ammunition) during course practice or otherwise.

The undersigned further agrees to indemnify the Poulsbo Sportsmen’s Club, Fraternal Order of Police, all of its members, officers, employees or associates or the Range-master, from any loss, liability, damage or cost that may occur due to the presence and activity of the undersigned in the use of firearms whether caused by the negligence of the Poulsbo Sportsmen’s Club or the Fraternal Order of Police, or otherwise.

Further, the Fraternal Order of Police, and all others hold no liability for my use of the knowledge and information gained by me while in attendance and participation in this firearms qualification at this range. I hereby hold harmless theFraternal Order of Police, and said persons from any claim by me, my family estate, heirs, or assigns arising out of my voluntary attendance and or participation course of firearms qualification.

I acknowledge that I have read the rules and regulations dealing with the course and I have received instructions on the course presented and agree to comply with the rules, regulations, instructions and to follow any additional instructions, written or oral, that I may receive from the Range-master, or other persons present and in authority, representing the Fraternal Order of Police.

I have read the preceding section and specifically acknowledge and accept all risks which may be implied in receiving this qualification. I understand the terms and intent herein and fully understand the terms and conditions of this agreement

I further hereby certify that since separating from service as a retired/qualified law enforcement officer, I am authorized to possess a Retired/Qualified law enforcement officer credential, and;

* I AM physically able to perform all sequences for this qualification without assistance or exception
* I AM presently in good physical and mental health and I HAVE NOT been evaluated and found to be psychologically unqualified by a medical professional to own or possess firearms.
* I HAVE NOT been disqualified or decertified as a law enforcement officer by ANY state’s or agency’s certifying body\*, and;
* I HAVE NOT been charged or convicted of a crime that would make me ineligible to possess a firearm; Including DUI/DWI or, Public Intoxication, Disorderly Conduct while possessing a firearm, and;
* I HAVE NOT had my legal right to own or possess a firearm revoked or suspended by a court ruling, and:
* I AM NOT the subject of a Retraining or Protective Order against another party, and:

Dated this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Full name Signature

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Witnessed by FOP Official Signature