



Sheriff
David A. Clarke Jr.

MILWAUKEE SHERIFF'S OFFICE LAW ENFORCEMENT SAFETY ACT CERTIFICATION

FOR RETIREES REQUIRED TO PARTICIPATE IN THE QUALIFICATION COURSE

RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT

In consideration of my participation in the Milwaukee County Sheriff's Office's retiree qualification course held at the Milwaukee County Sheriff's Training Academy, I understand I will be participating in firing a firearm with live ammunition on a firing range. I further understand that being a participant in activities on the firing range involves certain risks, including serious bodily injury and even death, and that these and other risks may be caused by the actions or inactions of myself, the conditions existing at the time, the negligence of others, its employees or others; and that there may be other risks either known or unknown or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of my participation in the course. Furthermore, while engaged in such activities, I will make safety my primary concern and at all times use and implement proper procedures and precautionary measures.

In consideration of the opportunity to participate in this course, I hereby release, discharge, hold harmless, and forever acquit the County of Milwaukee and its officers, agents, representatives and employees from any and all actions, causes of action, claims, and any liabilities whatsoever, known or unknown, which may arise on account of, or in any way be related to, my participation in the activities described herein. I will also indemnify, defend, save and hold harmless the County of Milwaukee and its officers, agents, representatives and employees in any civil action arising from my actions while carrying a concealed firearm in accordance with the provisions and conditions of the Law Enforcement Safety Act.

I understand and acknowledge that my participation in the firearms course offered by the Milwaukee County Sheriff's Office is subject to the following conditions.

1. That I certify I am an eligible retired law enforcement officer as defined by the Agency's Law Enforcement Safety Act Certification Policy.
2. That I certify I am not prohibited from purchasing or possessing a firearm by either federal or state law.
3. That by requesting the certified card, I agree that I have read, reviewed and am familiar with the Milwaukee County Sheriff's Office Law Enforcement Safety Act Certification Policy, all relevant aspects of the Law Enforcement Safety Act and all relevant provisions of Wisconsin law pertaining to the carrying and use of firearms.
4. That upon qualification of the firearms course, I will be issued a certified retiree photo identification card from the Milwaukee County Sheriff's Office as described under section 7(D)(1) of the Law Enforcement Safety Act.
5. That this card does not confer any law enforcement authority and its use is limited to the provisions contained in the Law Enforcement Safety Act.

I acknowledge I have read this release, waiver of liability and express assumption of risk agreement and I fully understand it.

Name of Participant (Type or Print)

Signature of Participant

Date

Address of Participant (Street, City, State, Zip Code)