



**Queen Anne's County Office of the Sheriff
Qualified Retired Law Enforcement Officer
Application for Certification to Carry a Concealed Firearm
(LEOSA - HB 218)**

Name: _____
(First) (M.I.) (Last)

Home Address: _____

Phone Number: _____
(Include Area Code)

E-Mail Address: _____

DLN & State: _____

Date of Birth: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eye Color: _____ Hair: _____

Date Retired: _____

Weapon Make, Model & Caliber: _____

Serial Number: _____

If the following statements are true and correct, please place your initials next to each one in the space provided:

_____ I understand that in order to carry a concealed firearm as a qualified, retired law enforcement officer in accordance with 18 U.S.C. 926C, I must satisfy certain basic criteria.

_____ I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and I had statutory powers of arrest.

_____ I did not retire for reasons of mental instability.

_____ Before retirement, I was either (check one)

_____ Regularly employed as a law enforcement officer for fifteen (15) or more years aggregated, or

_____ I retired after completing probation due to service-connected disability as determined by the agency I retired from.

_____ I have a non-forfeitable right to benefits under my agency's retirement plan

Waiver of Liability, Release & Indemnification Agreement

In consideration of the Queen Anne's County Office of the Sheriff granting me permission to observe and participate in police training and qualification sessions and exercises, the sufficiency of which consideration is hereby acknowledged, I hereby agree to the following:

1. I agree to waive and release the Queen Anne's County Office of the Sheriff, the Queen Anne's County Office of the Sheriff, the Queen Anne's County Government, the Queen Anne's County Commissioners, and each of their directors, officers, agents, and employees, (collectively "the County") from liability for all claims for damage or loss to my person or property which may be caused by any act or failure to act on the part of the County.
2. I agree that if any claim is commenced against the County based on acts that I take or fail to take, I will defend, indemnify, and save the County harmless from any and all claims or causes of action, injuries, or damages.
3. I acknowledge, understand, and assume all risks related to the police training, qualification, and exercises. I understand that these activities may present risk of serious danger to my person (including death) and to my property. These risks and dangers may be caused by my negligence or the negligence of others including other participants, trainers, supervisors and county officials or employees. I further acknowledge that there may be risks and dangers not known to the County or not reasonably foreseeable at this time. I acknowledge, understand, and agree that all of the risks and dangers (regardless of whether specifically described in this agreement or not) however caused are included within this waiver of liability release and indemnification agreement. I waive any and all specific notice of such risks or potentially dangerous conditions.
4. I acknowledge, understand and assume the risk arising from the training and qualification sessions and exercise as well as the conditions of the training areas and related premises and I acknowledge and understand that included within the scope of this waiver and release are any causes of action arising from the maintenance, inspection, supervision or control of said areas, or the failure to maintain, inspect, supervise or control said area and for failure to warn of dangerous conditions existing at the training area (known or unknown).
5. I have been advised that the Sheriff's Office intends to record, by videotape or other methods, all, or part of the training and qualification sessions and/or exercises in which I will participate or which I may observe. I consent to such recording and understand that the recording will remain at all times the property of the Office of the Sheriff.
6. I understand and agree that the parts of this Agreement are severable and that should any part of this agreement be declared unenforceable, the remainder of this agreement shall nevertheless remain in effect and enforceable to the full extent allowed by law. I understand that I have the right to consult an attorney of my choice, at my own expense, before I sign

this agreement.

7. I agree that this Agreement is binding on my agents, heirs and assigns.
8. I certify that I am 18 years of age, or older, and that I am competent to make this Agreement.
9. I acknowledge that I have been provided with this Agreement at least 5 days before start of the training and qualification sessions and exercise that I have not relied upon any contrary representations expressed or implied of any matter covered by or in any way related to this Agreement.

Participant Signature

Date Signed

Subscribed and sworn to before me:

Notary Public _____

This _____ Day of _____ 20 _____

My Commission Expires _____

(Seal)

EMAIL OR MAIL ALL OF THE ABOVE TO:

If emailed bring original copy to the range day

1/Sgt. John Meyers # 0068 Email: jmeyers@qac.org

Queen Anne's County Office of the Sheriff

505 Railroad Avenue

Centreville, MD 21617

(410) 758-0770 ext: 1288