



Retired Officer Qualification Release and Waiver of Liability

Retired Officers Name: _____

Agency from which I honorably retired _____

The above named, retired officer, agrees and understands that the Division and its Range Safety Officers will provide the opportunity to qualify with a firearm pursuant to NRS 202.350. The sole purpose is to demonstrate proficiency with their firearm.

I _____ recognize that firearms handling and qualification involves some serious risks. The risks of firearms handling and qualification include, but are not limited to, being shot, ricochets, burns from hot casings, weapons malfunctions, or unintended discharges. I understand the risks associated with this activity, and I expressly agree to assume, and be solely responsible for, the risks associated with this activity.

_____. Firearms handling and qualification also involves a moderate level of physical activity. I hereby certify that I know of no medical or physical condition and/or problem that would make it inadvisable for me to participate in firearms handling and qualification or increase my risk of illness or injury as a result of my participation in firearms handling and qualification. I understand that there are inherent risks associated with any physical activity. Furthermore, I understand that it is my responsibility to monitor my physical condition during any physical activity.

_____. I hereby expressly agree to relieve, indemnify, save and hold harmless the State of Nevada, Department of Public Safety, its officers, employees, and agents from and against any liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorney's fees and costs, arising out of my participation in this firearms qualification program, including, but not limited to any alleged negligent or willful actions or omissions on my part.

_____. I also expressly release and hold harmless the State of Nevada, Department of Public Safety, its officers, employees, or agents from any and all liability, claims, actions, damages, losses, expenses related to any physical injury, including death, illness and/or damage of any kind incurred by me as a result of my participation in the firearms qualification program including the use of the Department firearm's qualification range and any state owned equipment.

_____. I further agree to cooperate and conform to the fullest extent possible with the direction and instruction of those in charge of the firearms qualification program. I agree to abide by all range safety rules. I understand that I can be required to leave the range at any time if a range safety officer believes, in their sole discretion, it is not advisable for me to continue

participating in the range qualification.

_____. I understand that while I am participating in the firearms qualification program, including using the Department's facilities and the firearms qualification range, I am not considered an employee of the Department. I understand and agree that while I am engaged in this firearms qualification program, if injured, my injuries will not be covered by Worker's Compensation Coverage, and I will be personally responsible for any expenses related to injuries of any kind arising out of my participation in this firearms qualification program.

I have read and understand the above express assumption of the risk and waiver of liability. By placing my initials next to each paragraph, I am confirming my understanding and agreement with the information contained in that paragraph. If I did not understand any provision, I have sought competent legal counsel and now understand and agree to the provision prior to signing this Agreement.

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Printed Name: _____

ID#: _____