

**RELEASE & INDEMNIFICATION
FIREARMS TRAINING**

I, _____, in consideration of the willingness of the Division of State Police to allow my participation in firearms training and with acknowledgment of the risks inherent in this activity, agree to release, discharge, indemnify and hold harmless the State of Connecticut, the Department of Emergency Services and Public Protection, Division of State Police and their respective agents, employees and representatives from and against any and all claims, demands, actions, causes of action, judgments, executions, damages, costs and expenses which I, my heirs, executors, administrators or assigns now have or may have against the aforesaid for any and all losses, costs, expenses (including attorney's fees), damages and injuries known or unknown, and injuries to property, real or personal, arising out of my participation in firearms training sessions conducted by the Division of State Police.

It is understood and agreed that this instrument is a full and final release of all claims of every nature and kind whatsoever and that this instrument releases claims that are, at this time, unknown and unsuspected.

Dated this _____ day of _____, 20_____.

Witness

Signature of Participant
Print Names(s):

Witness

State of Connecticut)

County of)

, ss.

On this the _____ day of _____, 20_____, personally appeared before me, known to me to be the person whose name subscribed to the within instrument and acknowledged that (s)he executed the same for the purposes therein contained.

Notary Public
My Commission Expires:

Retiree Concealed Handgun Authorization Application
Law Enforcement Officer Safety Act (LEOSA) of 2004 - HR-218

Connecticut State Police Retirees and those Out-Of-State Retired Police Officers and Federal Agents now residing in Connecticut desiring authorization to carry concealed handguns should complete this form and send or fax to the address and fax number listed below.

NOTE: Please submit documents to Special Licensing & Firearms Unit, ATTN: LEOSA Administrator, 1111 Country Club Rd Middletown, CT 06457 or fax form to (860) 685-8496 at least 1 month prior to qualification. Call Imisa Rivera to schedule your appointment date and time 860-685-8011.

Are you currently active duty Law Enforcement? Yes No

Have you provided a letter of good stating from every department you worked for? Yes No

Connecticut Pistol Permit #: _____ (Required)

Name: _____ Date of Birth: _____

Home Address: _____
Full street address - NO P.O. Box

Date of Retirement(s): _____ Dept(s) Retired From: _____

Rank at time of retirement(s): _____ Badge #: _____

Home Phone/Cell Phone: _____

Scheduled Date at Range: _____

Qualification Dates: Check the Internet at www.ct.gov/despp, and then go to State Police-Special Licensing & Firearms Unit, on the left side menu click on Information for Retirees and the dates available will be listed under "Dates Offered"

Attendance is limited to 15 per session.