



MILWAUKEE COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT SAFETY ACT CERTIFICATION

***FOR RETIREES NOT REQUIRED TO PARTICIPATE IN THE QUALIFICATION COURSE
[Request for certification within one (1) year of retirement]***

RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT

I will 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 weapon in accordance with the provisions and conditions of the Law Enforcement Safety Act.

I understand and acknowledge that certification by the Milwaukee County Sheriff's Office to carry a concealed firearm 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 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)