

- I have a vested right to benefits under the retirement plan of the agency from which I retired;
- I did not retire due to a service related disability and/or injury;
- I am eligible to receive or possess firearms under Federal and South Carolina Law;
- I am not under indictment or information in any court for a felony, or any other crime, for which the judge could imprison me for more than one year. (An information is the formal accusation of a crime by a prosecutor);
- I have not been convicted in any court of a felony, or any crime, for which the judge could imprison me for more than one year, even if I received a shorter sentence including probation;
- I am not a fugitive from justice;
- I am not an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance;
- I have never been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) and have never been committed to a mental institution;
- I have never been discharged from the Armed Forces under dishonorable conditions;
- I am not subject to a court order restraining me from harassing, stalking, or threatening my child or an intimate partner or a child of such partner;
- I have never been convicted in any court of a misdemeanor crime of domestic violence;
- I have never renounced my United States citizenship; and,
- I am not an alien illegally in the United States.

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification, suspension or revocation of my certification. I further understand that any intentional and willful misrepresentation on this form may result in criminal prosecution.

Applicant's Signature



**RETIRED LAW ENFORCEMENT OFFICER FIREARMS QUALIFICATION
WAIVER AND RELEASE:
Initial On Each Line Below**

_____ I understand that I will need to show proficiency in the safe handling and firing of my weapon under the direct supervision of Certified Firearms Instructors employed by the North Myrtle Beach Department of Public Safety and any violations of safety on the qualification course can result in my dismissal from the qualification course.

_____ I agree to waive and release the North Myrtle Beach Department of Public Safety, the City of North Myrtle Beach, and each of their directors, officers, agents, and employees 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 City.

_____ I agree that if any claim is commenced against the City based on acts that I take or fail to take, I will defend, indemnify, and save the City harmless from any and all claims or causes of action, injuries, or damages.

_____ I acknowledge, understand, and assume all risks related to the qualification under the Retired Law Enforcement Officers Safety Act (LEOSA). 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, instructors, supervisors and city officials or employees. I further acknowledge that there may be risks and dangers not known to the City 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.

_____ I acknowledge, understand and assume the risk arising from the qualification session as well as the conditions of the 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 qualification area (known or unknown).

_____ 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.

_____ I agree that this Agreement is binding on my agents, heirs and assigns.

_____ I certify that I am 21 years of age, or older, and that I am competent to make this Agreement.

_____ I acknowledge that I have been provided with this Agreement before start of the qualification session and 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



NORTH MYRTLE BEACH DEPARTMENT OF PUBLIC SAFETY
RETIRED LAW ENFORCEMENT OFFICER FIREARMS QUALIFICATION
Firearms Qualification Certification

Retired Officer Name: _____

Dates of Firearms Qualification: _____

Location: _____

Instructor's Name: _____

Instructor's SCCJA Number: _____ Date of expiration: _____

Weapon(s) qualified with:

Manufacturer:	Model:	Caliber:	Serial Number:	Score:
				/25 %

As a certified Specialized Firearms Instructor, I hereby attest that the above named applicant has successfully completed the Retired Law Enforcement Officers Firearms Qualification Certification Course:

Instructor's Signature

Date