



Leicester Police Department
90 South Main Street
Leicester MA 01524



PLEASE PRINT:

First Name _____ MI _____ Last Name _____

Date of Birth, month/day/year _____/_____/_____ Age in yrs. _____

Street Address: _____

City or Town, State and Zip _____

Phone # (_____) _____ Email: _____

Training Fee \$ _____ Check # _____

Release from liability and assumption of risk:

- (1) Intending that this agreement is legally binding upon my heirs, executors, administrators, successors and assigns, I hereby wave release and forever discharge, Officer Charles Larson and Sgt. Alexander Samia and the Town of Leicester, Leicester Police Department, and its employees (individually and in the official capacity of their employment) of any and all claims, demands, rights and cause of actions of whatsoever any of nature arising by reason of and any and all known and unknown, seen and unforeseen, physical and mental consequences thereof, suffered by me during training activities held at: Leicester Police Department on _____ Training: NRA Home Firearm Safety
- (2) I am not a charged or convicted felon and I have read and understand this document and its provisions.
- (3) Note here any conditions or disabilities that may require special attention:

- (4) I have been given reasonable opportunity to ask questions on the topics discussed in the course and it was highly recommended to me that further study and/or practice in firearms education be taken. I understand that I may be held personally liable for my actions.
- (5) I understand and agree that if Officer Charles Larson or Sgt. Alexander Samia or any other instructors believe that I pose a risk to themselves, members of the immediate class or general public by my actions or attitude, I will be immediately dismissed from the training without any recourse or refund.

Signature _____ Date _____

\$45.00 COURSE FEE DUE WITH SUBMISSION OF THIS COMPLETED REGISTRATION FORM

PLEASE MAKE CHECKS PAYABLE TO: 'TOWN OF LEICESTER'