



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, Lt. Paul Doray 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 Lt. Paul Doray 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'***