

Juneau County Sheriff's Office
Law Enforcement Officer's Safety Act of 2004
(18 U.S.C. §§ 926B-926C as amended)

Participant Instructions

Carefully follow the instructions listed below in order to ensure that you are eligible for (re)certification under the Law Enforcement Officer's Safety Act of 2004, as offered by the Sheriff's Office.

- Print out these instructions and attached forms.
- Complete the attached *Release, Waiver of Liability, and Express Assumption of Risk Agreement*. Incomplete forms will not be accepted.
- Complete the attached *Retired Officer Application*. Incomplete forms will not be accepted.

Program Fees:

- \$40

- Send a check or money order, along with the two completed forms, to:

Juneau County Sheriff's Office
Attn: LT Tony Hiess
200 Oak Street
Mauston, Wisconsin 53948

You may also bring the paperwork to the Sheriff's Office during business hours. Do not send cash through the mail.

- Attend the recertification event held by the Juneau County Sheriff's Office. Information on dates and times can be found at <http://www.co.juneau.wi.gov/sheriffs-office1>.

Bring with you:

- Your weapon(s) you wish to qualify with.
- 50 rounds of ammunition per weapon.
- A properly fitting holster for each weapon.
- Hearing and eye protection.

AFTER YOU QUALIFY:

- Contact LT Tony Hiess to arrange for a date and time to obtain your annual qualification card. *If you do not already have a Retired Deputy card, you will need one of those as well.*

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Directions to the Range

The (re)certification will take place at:

Big Shooter's
N6671 STH 58
New Lisbon, WI 53950
(608) 847-3488

Bring with you:

- Your weapon(s) you wish to qualify with.
- 50 rounds of ammunition per weapon.
- A properly fitting holster for each weapon.
- Hearing and eye protection (optional).

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Release, Waiver of Liability, and Express Assumption of Risk Agreement

In consideration of the opportunity to participate in this program, I hereby release, discharge, hold harmless, and forever acquit Juneau County and its officers, agents, representatives, and employees from any and all actions, causes of action, claims, and any liabilities whatsoever, known or unknown, which may arise on account of, or in any way be related to, my participation in the activities related to this program. I will also indemnify, defend, save, and hold harmless Juneau County and its officers, agents, representatives, and employees in any civil action arising from my actions while carrying a dangerous weapon.

I understand and acknowledge that my participation in this program offered by the Juneau County Sheriff's Office is subject to the following conditions:

1. That upon qualification of an approved firearms course, I will be issued a photo identification card from the Juneau County Sheriff's Office as described under section 7(D)(1) of the Law Enforcement Safety Officer's Act of 2004.
2. This card does not confer any law enforcement authority, and its use is limited to the provisions contained in the Law Enforcement Safety Officer's Act of 2004.
3. That by requesting the card, I agree to have read, reviewed, and be familiar with all relevant aspects of the Law Enforcement Safety Officer's Act of 2004.
4. That I certify that I am an eligible retired law enforcement officer as described by the Law Enforcement Safety Officer's Act of 2004.
5. I certify that I am not prohibited from purchasing or possessing a firearm by either federal or state law.
6. That the bearer of this card, I will indemnify, defend, save, and hold harmless, Juneau County and the Juneau County Sheriff's Office, as well as their officers, agents, representatives, and employees against any and all actions related to carrying a weapon under the conditions of the Law Enforcement Safety Officer's Act of 2004.

I acknowledge that I have read this *Release, Waiver of Liability, and Express Assumption of Risk Agreement* and that I fully understand it.

Printed Name of Participant (First, MI, Last)

Date

Signature of Participant

Date of Birth of Participant

Address of Participant (Street, City, State, and Zip Code)

Weapon Type

Weapon Make

Weapon Model

Weapon Caliber

Weapon Serial Number

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Retired Officer Application

Completion of this form is required for applicants to participate in the Law Enforcement Officer's Safety Act of 2004, and must be updated annually in conjunction with the annual firearms requalification. For any "yes" response, you must provide details including dates, names, locations, and circumstances below. This information provided is limited to the time period after your date of retirement.

Printed Name of Applicant (First, MI, Last)

Date of Application

1. Are you under indictment or information in any court for a felony, or any other crime, for which the judgment could imprison you for more than one year?
 Yes No
2. Have you ever been convicted of a crime that has been expunged or sealed?
 Yes No
3. Are you on probation for any offense?
 Yes No
4. Are you a fugitive from justice?
 Yes No
5. Are you an unlawful user of, or addicted to, marijuana, and depressant, narcotic, or controlled substance?
 Yes No
6. Have you ever been dependent upon the use of a narcotic, controlled substance, or over-the-counter medication?
 Yes No
7. Are you taking any medication(s) which would impair your ability to carry a firearm?
 Yes No
8. Are you an alcoholic or have you been subject to treatment related to alcohol consumption?
 Yes No
9. Are you the subject to any court order issued pursuant to any incident of domestic violence?
 Yes No
10. Have you been convicted of any offense, or are the subject of an investigation related to domestic violence?
 Yes No
11. Have you been convicted of any offense, or are the subject of an investigation related to recklessly causing bodily injury?
 Yes No

