

1301 Second Avenue
Conway SC 29526
(843) 915-5450



HORRY COUNTY
SHERIFF'S OFFICE

Phillip E. Thompson - Sheriff

4150 J. Reuben Long Avenue
Conway SC 29526
(843) 915-5140

Waiver and Release Form

I am a retired officer of the _____ who is eligible to
(Name of Agency)

attempt to qualify to carry a concealed firearm, pursuant to the (LEOSA) Law Enforcement Officers Safety Act of 2004 (18 U.S. code §926C)

I recognize that the Horry County Sheriff's Office is not legally required to provide me with firearms instruction or a firearms qualification course.

I understand that to do so, I will be required to fire my weapon under the direct supervision of the Horry County Sheriff's Office firearms instructor.

I agree to indemnify and hold harmless the Horry County Sheriff's Office, or its agents or employees, for any injury caused by my participation in this qualification process. I further waive any claim for damages against the Horry County Sheriff's Office, or its agents and employees for any injury suffered by me while participating in this qualification process.

I understand that the right to carry a firearm under (LEOSA) does not imply the right to exercise police powers.

Further, I hereby specifically agree to indemnity and hold harmless the Horry County Sheriff's Office and/or its officers or employees, from any and all liability resulting from my carrying and/or use of any weapon allowed under the Law Enforcement Officers Safety Act of 2004, including, but not limited to civil litigation.

Name: _____ **Date:** _____

Make: _____ **Model:** _____ **Serial#:** _____

Score: Pass / Fail

Make: _____ **Model:** _____ **Serial#:** _____

Score: Pass / Fail

Signature: _____

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I, _____ certify that ALL statements below apply to me.

INITIAL EACH THAT APPLY

As used in this section, the term "qualified retired law enforcement officer" means an individual who:

_____ has separated from service in good standing with a government agency as a law enforcement officer for an aggregate often (10) years or more or separated from such an agency due to a service-connected disability after completing any applicable probationary period of such service;

_____ was authorized by law to engage in or supervise the prevention, detection, investigation prosecution or the incarceration of any person for any violation of law;

_____ had statutory powers of arrest;

_____ is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and

_____ is not prohibited by Federal law from possessing a firearm.

Signed: _____

Date: _____

Email: _____

Phone #: _____