

**WEST HAVEN POLICE DEPARTMENT  
RELEASE & INDEMNIFICATION FOR  
RETIREE FIREARMS TRAINING**

I, \_\_\_\_\_, in consideration of the willingness of the West Haven Police Department, to allow my participation in firearms training and with acknowledgment of the risks inherent in this activity, agree to release, discharge, indemnify and hold harmless the City of West Haven, West Haven Police Department, and their respective agents, employees, and representatives from and against any and all claims, demands, actions, causes of action, judgments, executions, damages, costs and expenses which I, my heirs, executors, administrators or assigns now have or may have against the aforesaid for any and all losses, costs, expenses (including attorney's fees), damages and injuries known or unknown, and injuries to property, real or personal, arising out of my participation in firearms training sessions conducted by West Haven Police Department.

It is understood and agreed that this instrument is a full and final release of all claims of every nature and kind whatsoever and that this instrument releases claims that are, at this time, unknown and unsuspected.

Dated this day \_\_\_\_\_ of , 20\_\_.  
mm/dd

\_\_\_\_\_  
Witnessed Signature of Participant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Witness Signature

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared before me, known to me to be the person whose name subscribed to the within instrument and acknowledged that (s)he executed the same for the purposes therein contained.

\_\_\_\_\_  
Notary Public  
My Commission Expires: