



**JAMES R. WILSON**  
**WILLIAMSON COUNTY SHERIFF**

508 South Rock Street  
Georgetown, Texas 78626  
Phone (512) 943-1300 \* Fax (512) 943-1393

L.C. "TONY" MARSHALL  
Chief Deputy

ROBERT CHAPMAN  
Asst Chief Deputy Law Enforcement

RICHARD ELLIOTT  
Asst Chief Deputy - Corrections

STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF WILLIAMSON

That I, \_\_\_\_\_ for myself and my heirs, executors, successors, administrators, assigns, and all  
(Applicant)

other persons, individuals, firms, companies, and/or entities claiming by, through, or under me, severally or jointly, that I do hereby release, indemnify and agree to hold harmless the County of Williamson, the Williamson County Sheriff's Office, its employees, agents, assigns and all other persons claiming by, through, or under the County, severally or jointly, from and against any and all claims, liability, and causes of action which may have accrued or in the future accrue to me as a result of my taking of a test to determine my ability to properly, accurately, and safely handle and/or discharge a firearm. I understand that this firearms qualification test is required as a part of the application procedure for consideration for employment as a member of the Williamson County Sheriff's Office. I acknowledge that during the taking of said test my ability to properly, accurately, and safely handle, load, charge, discharge, unload, and secure a firearm, including a handgun and/or shotgun will be measured and in conjunction therewith I will be required to perform these functions, and that such performance is only intended to measure my ability to perform these tasks to determine whether or not I can perform the essential functions of the job regarding the proper accurate, and safe handling of firearms to be qualified for employment by the Williamson County Sheriff's Office. I have read the firearms qualification information attached to this release. I understand the tasks that are required of me which are stated in the firearms qualification information. I understand that there is a risk of injury. I voluntarily agree to participate in the said test and, realizing the possible consequences of said test, agree to waive and abandon any claim, cause of action, or liability that I may presently have or which I may attain in the future as a result of, or with regard to the said test. I understand that if I require a reasonable accommodation in taking the firearms qualification test, I should contact the Personnel Director of Williamson County at (512) 930-3338 several days prior to the test so that appropriate arrangements can be made.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, do hereby acknowledge that the foregoing instrument was  
(Applicant)  
executed by me for the purpose expressed herein, and I acknowledge that I have voluntarily executed the foregoing instrument, and that the contents thereof are true and correct.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Before me, \_\_\_\_\_, a notary public, on this day personally appeared  
(Notary Public)

\_\_\_\_\_, known to me (or proved to me under oath of  
(Applicant)

\_\_\_\_\_, to be the person whose name is subscribed to the foregoing  
(Witness)

instrument and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public in and for  
State of Texas