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INDEMNIFICATION AND HOLD HARMLESS AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified, in and for the Parish and State aforesaid, personally came and appeared:

Affiant's Name (Printed)

Affiant's Address (Printed)

Who being by me first duly sworn, deposed and said:

I, _____, pursuant to R.S. 40:1379.3, agree to indemnify and hold harmless the state of Louisiana, the Department of Public Safety and Corrections, the Secretary and the Deputy Secretary of the Louisiana Department of Public Safety and Corrections, and any of its agents or employees, and any peace officer within this state, from and against any and all liability, claims, actions, fines or losses of any kind or nature, including costs and attorney's fees, in any way arising out of, connected with or related to the issuance or use of my Louisiana Concealed Handgun Permit.

Affiant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, _____

Print, Type, or Stamp Name of Notary Public

Notary Public

MY COMMISSION EXPIRES _____

Affidavits are valid for sixty days after notarization.