Sage Range 2019 Instructor Agreement

Name:		
DBA/Group/Company Affiliations:		
Liability Insurance (Attach Copy) Expiration Date: Policy Number:		
2019 Range Key Number:		
Cage Key Number:		
 I have received, read, understood and agree to follow the Sage Range Instructor Policy I understand that if either my range membership or insurance lapses I am no longer eligible to use Sage Range facilities for commercial instruction I understand that I will use the required liability waiver form and have every student sign it I will pay Sage Range \$5.00 for each commercial/at cost student I will submit the liability paperwork and payment within 10 days of class completion I am responsible for my assistants and students at all times and any damage they may cause I am responsible for any damage or theft of Sage Range equipment while in my custody I will not take any Sage Range assets off the range without the expressed approval of Sage Range I will coordinate my range events with the Sage Range Calendar/Webmaster I understand that Sage Range assets. I will coordinate my activities with others as required I understand that I am responsible for any First Aid training and supplies needed I will report any issues, conflicts, or unusual events to Sage Range 		

Name:	Signature:	Date:
Approved:	_Signature:	Date: