## Sage Range 2020 Instructor Agreement

Name:
DBA/Group/Company Affiliations:
Liability Insurance (Attach Copy) Expiration Date: Policy Number:
2020 Range Key Number:
Cage Key Number:
<ul> <li>I have received, read, understood and agree to follow the Sage Range Instructor Policy</li> <li>I understand that if either my range membership or insurance lapses I am no longer eligible to use Sage Range facilities for commercial instruction</li> <li>I understand that I will use the required liability waiver form and have every student sign it</li> <li>I will pay Sage Range \$5.00 for each commercial/at cost student</li> <li>I will submit the liability paperwork and payment within 10 days of class completion</li> <li>I am responsible for my assistants and students at all times and any damage they may cause</li> <li>I am responsible for any damage or theft of Sage Range equipment while in my custod</li> <li>I will not take any Sage Range events with the Sage Range Calendar/Webmaster</li> <li>I understand that Sage Range assets.</li> <li>I will coordinate my range exents with others as required</li> <li>I will coordinate my activities with others as required</li> <li>I understand that I am responsible for any First Aid training and supplies needed</li> <li>I will report any issues, conflicts, or unusual events to Sage Range</li> </ul>

Name:	Signature:	Date:
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Approved:	Signature:	_Date: