



**ASSOCIATED GUN CLUBS (AGC) of BALTIMORE, INC.
11518 MARRIOTTSVILLE ROAD
MARRIOTTSVILLE, MD 21104**

**AGC Range and Safety Orientation Affidavit*
Physical walk-through of entire facility is required**

- 1. Range Facilities
 - 1.1 Hours of operation
 - 1.1.1 Why strictly enforced_____
 - 1.1.2 Naval observatory sunrise/set_____
 - 1.2 Restrooms, telephones, fire extinguishers, etc._____
 - 1.3 Parking procedures_____
- 2. Range Rules & Policies
 - 2.1 Where they can be obtained_____
 - 2.2 Accept responsibility to stay current_____
 - 2.3 Guest policy_____
 - 2.4 RSO role and authority_____
- 3. General Firearm Safety
 - 3.1 Cardinal Rules of gun safety_____
 - 3.2 Brief analysis of firearm types
 - 3.2.1 Loading, unloading_____
 - 3.2.2 Safe handling for different types_____
 - 3.2.3 Demonstrate use of ECI_____
 - 3.3 Cease fires
 - 3.3.1 How/when a cease fire is called_____
 - 3.3.2 How firearms are made safe_____
- 4. General Information
 - 4.1 Brief history of the AGC_____
 - 4.2 Explanation of Organization_____

In-Person Orientation and Applicable Range Rules Discussion for Each Range:

Range terminology explanation:

Firing line location_____

Meaning of colored stripes on pads_____

Impact area_____

Down range_____

50 Yard Pistol Range_____

100 Yard Range_____

200 Yard Range_____

Trap Range_____

Archery Range_____

Shotgun Patterning Range_____

Indoor Pellet Range_____

I, (print full name)_____, affirm that I have had each of the above items to which I have affixed my initials shown/explained to me; that I fully understand and accept the explanation; that I have read and had range rules explained to me and that I fully understand and accept the explanation; that I will abide by all rules, regulations, and policies of the Associated Gun Clubs of Baltimore, Inc., currently in effect and as from time to time amended.

By signing this document, I understand and agree that I am not waiving my individual legal responsibility for my actions at this facility.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Name of Club _____

Range Badge # _____

Club Instructor

I, (print Instructor name)_____, of (Club)_____, affirm that I have fully explained and conducted, in person, a thorough Range and Safety Orientation and Physical Walk-Through of AGC facilities with the individual listed above, in accordance with current AGC Policies and Procedures.

Signature of Instructor _____ Date _____

Revised: 1 June 2015
Previous versions obsolete

***This completed form must be returned to the AGC Range Office before issuance of range badge.**