

ACCEPTANCE OF, AND AGREEMENT TO ADHERE TO SMSC RANGE RULES AND
STANDARD OPERATING PROCEDURES 2017-03

My signature below certifies that I have been provided a full set of the posted SMSC Range Rules and Standard Operating Procedures dated _____ (yyyy-mm-dd format) and numbered page 1 of ___ through page ___ of ___.

My signature certifies that I have read, or will read, these rules carefully and completely. It also certifies that I will faithfully adhere to all of these rules, all applicable laws of the State of Minnesota and the United States of America, and all generally accepted guidelines regarding safe firearm handling and use, as well as ensuring that all who participate in any activity under my authority or privilege to use SMSC facilities also does likewise.

(Printed first name, initial, and last name)

(Signed first name, initial, and last name)

(Date form accepted)