



# CLASS STUDENT ROSTER - RANGE 5 C - 3 HOURS

**CONFIRMED DATE:**

**TIME SLOT:**

**USER GROUP:**

COUNT	FULL NAME	EMAIL	EMERGENCY CONTACT & PHONE
1			
2			
3			
4			
5			
6			



# STUDENT RANGE WAIVER LIST & ACKNOWLEDGEMENT

**BY SIGNING THE STUDENT RANGE WAIVER LIST & ACKNOWLEDGEMENT, I AGREE THAT:**

1. I have read and understand all Pima Pistol Club Rules and Procedures and will abide by the same.
2. I will stay within the range bay area of the class or other areas as indicated by the course instructors.
3. I will NOT have any guest or observer with me in the shooting area without first notifying and obtaining express permission from the PPC range manager, administrator, program coordinator, or on duty Range Safety Officer.
4. I will never shoot at anything other than approved targets.
5. I will ensure that at all times, any fired bullets strike the impact berms and not the range floor.
6. I will pick up and dispose of my spent casings and/or shotgun hulls.
7. Eye and ear protection is mandatory for anyone in the shooting area. NO EXCEPTIONS.
8. I will not uncase, handle, or move around the range bay with any firearms, ammunition, or range equipment until specifically instructed to do so by the on range class trainers.

**PIMA PISTOL CLUB EXPECTS ALL RANGE USERS TO ACT WITH THE HIGHEST REGARDS FOR SAFETY AT ALL TIMES. FOLLOW ALL THE BASIC RULES OF SAFE FIREARMS HANDLING BEFORE ENGAGING WITH ANY ACTIVITY ON THE RANGE. IF YOU ARE UNFAMILIAR WITH PROPER SAFETY STANDARDS OR RANGE PROTOCOLS, PLEASE CONSULT WITH THE COURSE INSTRUCTOR OR THE ON DUTY PIMA PISTOL CLUB RANGE SAFETY OFFICERS BEFORE ACTING.**

**ENJOY YOUR DAY OF TRAINING!**



# STUDENT RANGE WAIVER LIST & ACKNOWLEDGEMENT

COUNT	FULL NAME	ADDRESS	ID TYPE	ID NUMBER & ISSUE ORIGIN	SIGNATURE
1					
2					
3					
4					
5					
6					

*ID Type Codes: (DL) Drivers License, (ST) State ID, (PS) Passport, (ML) Military, (LEO) Law Enforcement, (OT) Other*

**DATE:**  
**TIME SLOT:**  
**USER GROUP:**